

# IOWA STATE INDUSTRIES

## INSTRUCTIONS FOR COMPLETING SUBSTITUTE W-9/VENDOR UPDATE FORM

In order for the State of Iowa to pay you or disburse funds to you and to comply with the Internal Revenue Service (IRS) regulations on reporting these payments, we need the following information. **Failure to provide this information will result in withholding of payment.**

The IRS states: "Taxpayer Identification Numbers (TINs) are used to associate and verify amounts reported to the IRS with corresponding amounts on tax returns." The TIN for individuals is the social security number. For other recipients, it is the Employer Identification Number (EIN), except for sole proprietors. Sole Proprietors may enter their EIN; however, the IRS prefers you use your SSN.

The attached Substitute W-9/Vendor Update Form should be completed using the following guidelines:

### **Individual: (Complete Box A)**

Check yes next to [I] - Individual  
Social Security Number  
First & Last Name  
Address

### **Sole Proprietor: (Complete Box A)**

Check yes next to [S] – Sole Proprietor  
Social Security Number or EIN  
First & Last Name (person who holds the SS#)  
Doing Business as (DBA) (if different than First & Last Name)  
Address

### **All Others: (Complete Box B)**

Check appropriate classification (as filed with IRS)  
Employer Identification Number (EIN) that you received from the IRS  
Phone & Fax Numbers  
Legal Name of Firm (this must be exactly as you have filed with the IRS)  
Doing Business As (DBA):

**Complete this line only if the name under which you are conducting business is different than the legal name listed above.** Example: If another firm has agreed that you may operate under its EIN, you would complete the names as follows:

Metro Hospital (this is the legal name)  
DBA Metro EMS

Address

If you are unsure of the correct Employer Identification Number, classification, or legal name, please contact your accountant or Iowa Department of Revenue and Finance Taxpayer Services at 515-281-3114 or 1-800-367-3388.

**All Substitute W-9/Vendor Updates Forms must be signed and dated by the individual or by a representative of the company.** The completed form should be mailed to:

Office of Purchasing  
Iowa State Industries  
406 N High Street  
Anamosa, Iowa 52205

# SUBSTITUTE W 9/VENDOR UPDATE FORM

(Please print or type except for signature)

In order for the State of Iowa to pay you the amount that is due to you and to comply with the IRS regulations on reporting these payments, we are requesting the following information. **Failure to provide this information will result in withholding of payment.**

Box A	Box B
<p><b>Are you/Your Business</b>                  <u>YES</u>     <u>NO</u></p> <p style="margin-left: 20px;"><b>Individual</b>     [ I ]    ___    ___</p> <p style="margin-left: 20px;">OR</p> <p style="margin-left: 20px;"><b>Sole Proprietor</b>     [ S ]    ___    ___</p> <p>Phone    [   ] [   ] [   ] [   ] [   ] [   ]</p> <p>Fax        [   ] [   ] [   ] [   ] [   ] [   ]</p> <p>If the answer to both was <b>no</b>, please complete Box B</p> <p>If you answered <b>Yes</b> to either item, please provide your <b>Social Security</b> number (Sole Proprietors may enter their EIN, however, the IRS prefers you use your SSN):</p> <p>SSN    [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]</p> <p style="margin-left: 20px;">OR EIN    [   ] [   ] [   ] [   ] [   ] [   ] [   ]</p> <p><b>AND</b> Complete the name and address below</p> <p>Last Name</p> <p>[   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]</p> <p>First Name</p> <p>[   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]</p> <p>Doing Business as</p> <p>[   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]</p> <p>Address:</p> <p>[   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]</p> <p>Address:</p> <p>[   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]</p> <p>City:</p> <p>[   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]</p> <p>State:    Zip:</p> <p>[   ] [   ]    [   ] [   ] [   ] [   ] - [   ] [   ] [   ]</p>	<p><b>Is your business</b>    <u>YES</u>     <u>NO</u></p> <p><b>Corporation</b>    [ C ]    ___    ___</p> <p><b>Partnership</b>     [ P ]    ___    ___</p> <p><b>Estate or Trust</b>    [ E ]    ___    ___</p> <p><b>Government</b>    [ G ]    ___    ___</p> <p><b>Other</b>     ___    ___</p> <p style="margin-left: 20px;"><b>Please Explain</b></p> <p>_____</p> <p>_____</p> <p>Please provide us with your <b>Federal Employer Identification Number:</b></p> <p>[   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]</p> <p>Phone    [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]</p> <p>Fax        [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]</p> <p style="text-align: center;"><b>AND</b></p> <p>Complete the Name and Address below:</p> <p>Firm:</p> <p>[   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]</p> <p>Doing Business as:</p> <p>[   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]</p> <p>Address:</p> <p>[   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]</p> <p>City:</p> <p>[   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ] [   ]</p> <p>State:    Zip:</p> <p>[   ] [   ]    [   ] [   ] [   ] [   ] - [   ] [   ] [   ]</p>

**Certification Must Be Signed By Vendor**

Certification – Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subjected to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only (Refer to Procedure 270.450 for more details)**

<p>From _____</p> <p>Dept. _____</p> <p>Contact _____</p> <p>Phone #: _____</p>	<p><input type="checkbox"/> Add</p> <p><input type="checkbox"/> Change</p> <p style="margin-left: 20px;">(Include vendor code and changes only)</p> <p><input type="checkbox"/> Delete _____</p> <p>Reason _____</p> <p>_____</p>
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