Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Before you begin, for guidance related to the purpose of Form W-9, see Purpose of Form, below.

1. Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2. Business name/disregarded entity name, if different from above.

3a. Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

- Individual/sole proprietor
- C corporation
- S corporation
- Partnership
- Trust/estate
- LLC: Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)

Notes: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

3b. If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

- Exempt payee code (if any)
- Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Appplies to accounts maintained outside the United States.)

5. Address (number, street, and apt. or suite no.). See instructions.

6. City, state, and ZIP code

7. List account number(s) here (optional)

Part I  Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter.

Part II  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 subject 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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have not been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they...
SUPPLIER CHANGE REQUEST FORM

Agency Supplier Liaisons MUST complete the Agency Liaison Use Only sections AND ensure the supplier has completed sections 1 - 3, the Supplier Use Only sections prior to submitting this form to SAO.

NEW □ EXISTING □ SUPPLIER ID NUMBER: Agency Use Only 0 0 0 0

SECTION 1: SUPPLIER IDENTIFICATION

FEI/SSN/TIN
Supplier Name: ____________________________
Doing Business As (dba): If applicable ____________________________

SUPPLIER ADDRESS

Address 1: ____________________________________________
Address 2: ____________________________________________
City: ________________________________________________
State: _______ Postal Code: __________

Contact Email: ________________________________

Primary Phone #: ___________________________ Ext: _______ Secondary Phone #: ___________________________ Ext: _______

☐ Landline ☐ Cell Used for identity Verification

Driver's License #: For individuals only ____________________________ DL State: __________

SECTION 2: BANK ACCOUNT INFORMATION

☐ I do not wish to provide banking information and understand all payments made to me will be via check.

☐ Replace Remittance Address at Loc # _______ With Addr ID # _______

☐ Replace Invoicing Address at Loc # _______ With Addr ID # _______

☐ Add New Bank Account ☐ Change Bank Account Enter Loc # _______ Agency Liaisons are required to complete items on this line for bank changes

ROUTING # ________________________ NEW ACCOUNT # ________________________

Last Four Digits of Previous Bank Account # For changes only 5 5 5 5

☐ Check here if General Bank Account can be used by ALL State of Georgia agencies making payments.

☐ Check here if this account can only be used for a SPECIFIC PURPOSE

DESCRIBE SPECIFIC PURPOSE ____________________________

ACCOUNTS RECEIVABLE NOTIFICATION

PAYMENT REMIT EMAIL ADDRESS 1: ____________________________
PAYMENT REMIT EMAIL ADDRESS 2: ____________________________

I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.

Printed Name of Company Officer ____________________________ Signature of Company Officer ____________________________ Date ____________________________

(Handwritten Name)
SECTION 3: DIVERSITY IDENTIFICATION (Check ALL That Apply)

BUSINESS CERTIFICATIONS
☐ GA Small Business* ☐ Women Owned
☐ GA Resident Business** ☐ Minority Business Certified
☐ Not Applicable ☐ Prefer Not to Disclose

MINORITY BUSINESS ENTERPRISE (51% ownership)
☐ Hispanic – Latino ☐ African American
☐ Native American ☐ Asian American
☐ Pacific Islander ☐ Not Applicable
☐ Prefer Not to Disclose

*Based on Georgia law (OCQA 50-5-21) (3) “Small Business” means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR $30 million or less in gross receipts per year.
**Georgia resident business is defined as any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.

VETERAN-OWNED SMALL BUSINESS (Check ALL That Apply)
☐ Nonveteran-owned Small Business ☐ Veteran-owned Small Business ☐ Service Disabled VOSB ☐ Prefer Not to Disclose

SECTION 4: REQUESTED CHANGE(S) – (Check ALL That Apply)

☐ FEI/TIN Change (Cannot change if supplier is 1099 applicable)
☐ Business Name Change
☐ 1099 Eligible Cannot change to non-eligible if supplier is already 1099 eligible

☐ 1099 Addr ID # (Agency Liaisons are REQUIRED to enter the AddrID # where to mail 1099)
☐ 1099 – M Enter Code (Required for Form 1099 – M)
☐ 1099 – N Code 01 (01 is the only code available for the 1099 – NEC)

☐ Reactivate Supplier Profile
☐ Deactivate Supplier Profile (Agency Liaison MUST attach written justification from the supplier with the SCR.)
☐ Add Additional Business Address (Enter additional address in Section 1)
☐ Change Existing Business Address Enter Addr ID # to change: (Agency Liaisons are required to enter Addr ID # to change)

☐ Change/Add Payment Alt Name to an existing address (if payable to a different name).

☐ Classification Change: (Agency Liaisons are required to check one for Classification Changes.)
☐ Attorney ☐ HCM ☐ Student ☐ Supplier Non-minority
☐ Gov Non-State of GA ☐ Non-Supplier ☐ Supplier Minority

☐ Statewide Contract (DOAS Use Only)
☐ HCM Vendor
☐ Other (Provided details in the Comments section below)
☐ Comments

AGENCY USE ONLY SECTION 5: AGENCY LIAISON CERTIFICATION (REQUIRED)
By my signature below, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier's name and Tax ID listed above.

AGENCY LIAISON NAME

AGENCY LIAISON SIGNATURE

DATE

B/U#

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