

# STATE OF NEBRASKA SUBSTITUTE FORM W-9 & ACH ENROLLMENT FORM

Return Form to the Requester.  
(Rev. October 2013)

## Requester Information:

Agency:		Phone:	
Name:		Fax:	
Address:		E-mail:	

## Substitute Form W-9: (IRS Rev August 2013)

Name (as shown on your income tax return):

Business name/disregarded entity name, if different from above:

Check appropriate box for federal tax classification:

- Individual  
  Sole proprietor  
  C Corporation  
  S Corporation  
  Partnership  
  Trust/estate  
 Non-Profit Entity  
  Government (Local, State or Federal)  
 Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) \_\_\_\_  
 Other (see instructions) \_\_\_\_\_

Exemptions (see instructions): Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

Address:

Remit Address (if different):

City, state, and ZIP code

City, state, and ZIP code

## Taxpayer Identification Number (TIN):

Social Security Number (SSN):                      OR                      Employer Identification Number (EIN):

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-                      OR                      \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

## Certification:

Under penalties of perjury, I certify that:

- 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
- I am not subject to backup withholding due to failure to report interest and dividend income, and
- I am a U.S. citizen or other U.S. person (defined in the instructions), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Comments or Business/Entity Notes:

## ACH Enrollment: (Rev. October 2013)                      Initial Setup                      Change

**This information is REQUIRED to process payments. Without this information, your payment may be delayed.**

Financial Institution Name:	Nine Digit Routing Number:	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	<input type="checkbox"/> Check here if the following must be discussed with your entity: There are new processing requirements for electronic vendor payments that are being sent to a financial institution outside of the United States. If our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country, please advise (identify who within your company).
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

This account will be used for all payments by the State of Nebraska unless specified here: \_\_\_\_\_

E-mail: \_\_\_\_\_

(Used for ACH payment notifications.)

Vendor Signature:	<b>Attachment Required!</b> (Select and attach <b>one</b> of the following items for verification):
Printed Name:	<input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a check
Title:	<input type="checkbox"/> Letter or statement from your financial institution
Date	<input type="checkbox"/> Vendor Invoice or <input type="checkbox"/> Vendor Letter with ACH instructions

## Internal Use Only: