

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):

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 due to failure to report interest and dividend income, and
 3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
 4. 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:

Printed Name:

Title:

Date

Attachment Required!

(Select and attach **one** of the following items for verification):

☐ Blank check (voided) or ☐ Photocopy of a check

☐ Letter or statement from your financial institution

☐ Vendor Invoice or ☐ Vendor Letter with ACH instructions

Internal Use Only:

Need a copy of a voided check or letter/statement from your financial institution with your account and routing numbers included.