ARIZONA COMMERCE AUTHORITY

Substitute W-9 and Vendor Authorization Form

CLEAR ALL

Purpose: Establish or update a vendor account with the Arizona Commerce Authority (ACA). This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as ACA requirements for vendor establishment.

Instructions: Complete form if
1. You are a U.S. person (including a resident alien);
2. You are a vendor that provides goods or services to the Arizona Commerce Authority
3. You will receive payment from the Arizona Commerce Authority.

Return completed form for review and authorization to : APTeam@azcommerce.com

See instructions below or refer to the IRS instructions at www.irs.gov for details on completing this form.

ACA Contact Reference: Please provide primary ACA contact name to expedite processing:

Type of Request (Must select at least ONE)

☐ New Request

☐ New Location (Additional Mail Code)

☐ Change (Select the type(s) of change from the following:

☐ Tax ID ☐ Legal Name ☐ Entity Type ☐ Minority Business Indicator

☐ Main Address ☐ Remittance Address ☐ Contact Information

Taxpayer Identification Number (TIN) (Provide ONE Only)

Social Security Number (SSN) ___ - ___ - ___ **OR** Federal Employer Identification Number (FEIN) ___ - ___

Entity Name Must Provide Legal Name (*Must match SSN or FEIN given. If Individual or Sole Proprietorship enter First, Middle, Last Name.)

Legal Name* ___

Entity Type Must Select One of the Following (Coding (X#) is for Internal Purposes Only)

☐ Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (6I)

☐ Corporation NOT providing health care, medical, or legal services (5A)

☐ Corporation providing health care, medical, or legal services (5M)

☐ Partnership, LLP, or Partnership organized as LLC or PLLC (5C)

☐ An international organization or any of its agencies/instrumentalities (5U)

☐ The US or any or its political subdivisions or instrumentalities (2G)

☐ LLC, PLLC organized as corporation NOT providing health care, medical or legal services (5A)

☐ LLC, PLLC organized as corporation providing health care, medical, or legal services (5M)

☐ A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)

☐ Other: Tax Reportable Entity (5P)

☐ Other: Tax Exempt Entity (5H)

'Other' Description: ___

Minority Business Indicator Must select one of the following (Coding (X#) is for internal purposes only)

☐ Small Business (01)
☐ Small Business- African American (23)
☐ Small Business- Asian (24)
☐ Small Business - Hispanic (25)
☐ Small Business- Native American (27)
☐ Small Business- Other Minority (05)
☐ Small, Woman Owned Business (06)
☐ Small, Woman Owned Business- African American (29)
☐ Small, Woman Owned Business- Asian (30)
☐ Small, Woman Owned Business- Hispanic (31)
☐ Small, Woman Owned Business- Native American (33)
☐ Small, Woman Owned Business- Other Minority (11)
☐ Woman Owned Business (03)
☐ Woman Owned Business- African American (17)
☐ Woman Owned Business- Asian (18)
☐ Woman Owned Business- Hispanic (19)
☐ Woman Owned Business- Native American (21)
☐ Woman Owned Business- Other Minority (08)
☐ Minority Owned Business- African American (04)
☐ Minority Owned Business- Asian (32)
☐ Minority Owned Business- Hispanic (74)
☐ Minority Owned Business- Native American (15)
☐ Minority Owned Business- Other Minority (02)
☐ Non-Profit, IRC §501(c) (88)
☐ Non-Small, Non-Minority, or Non-Woman Owned Business (00-1)
☐ Individual, Non-Business (00)

Main Address Where tax information and general correspondence is to be mailed

DBA\Branch\Location ___
Address ___
City ___ State ___ Zip code ___

Remittance Address Where payment is to be mailed

☐ Same as Main

DBA\Branch\Location ___
Address ___
City ___ State ___ Zip code ___

Vendor Contact Information

Name ___ Title ___
Phone # ___ Ext. ___ Fax ___ Email ___

Certification

☐ **Exempt from backup withholding**

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 a U.S. person (including U.S. resident alien), AND
3. [Only if "Exempt from backup withholding" box is checked] 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.

Certification instructions. You must cross out item 2 above if you have 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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature ___ **Title** ___ **Date** ___

ARIZONA COMMERCE AUTHORITY USE ONLY - AGENCY AUTHORIZATION — **VENDOR**: DO NOT WRITE BELOW THIS LINE

State HRIS EIN ___ Print Name ___ Signature ___
AGY ___ Title ___ Phone # ___ Email ___ Date ___

ARIZONA COMMERCE AUTHORITY ACCOUNTING USE ONLY — **VENDOR:** DO NOT WRITE BELOW THIS LINE

☐ IRS TIN Matching ☐ Corporation Commission
☐ HRIS ☐ GAO-03 ☐ Other

Vendor Number ___ Processed by ___ Date Processed ___

Instructions for the Arizona Commerce Authority Substitute W-9 & Vendor Authorization Form

General instructions:

1. If submitter is a foreign entity, they must complete the US Federal Tax Form "W-8BEN-E" instead of "ACA-W9" Form.
2. If submitter is a foreign individual, they must complete the US Federal Tax Form "W-8BEN" instead of "ACA-W9" Form.
3. Vendor must type or legibly print all 'Required' fields and submit to the Arizona Commerce Authority for their review and authorization of the form.
4. Form ACA-W-9 must be signed to be considered complete.

Specific instructions:

Type of Request

Select the type of request being made. Select only one, the choices are: 1) New Request, 2) New Location or 3) Change. If selecting Change, please identify what fields have changed since the previous submission. Check all changes that apply: Tax ID, Legal Name, Entity Type, Minority Business Indicator, Main Address, Remittance Address, or Contact Information.

Taxpayer Identification Number (TIN)

Social Security Number (SSN) OR Federal Employer Identification Number (FEIN)

Required. Enter your 9-digit Social Security Number (SSN) **OR** Federal Employer Identification Number (FEIN). This is your Taxpayer Identification Number (TIN) as assigned by the Internal Revenue Service (IRS) or Social Security Administration (SSA).

Entity Name

Legal Name

Required. Enter the name corresponding to the TIN given. Name must be the same as registered with the Internal Revenue Service (IRS) or Social Security Administration (SSA).

- **Individuals**: Enter First Name, Middle Name, Last Name
- **Sole Proprietorships**: Enter First Name, Middle Name, Last Name
- **ALL Others**: Enter Legal Name of the Business.

Entity Type

Required. Check only ONE entity type for the TIN given. If “Other” is selected, please provide a Description for your business.

Minority Business Indicator

Required. Select the most detailed description for your business. Only one selection can be made. If none apply, select the second from last description of Non-small, Non-Minority, or Non-Women Owned Business (00-1). For non-businesses, please select the last option of Individual, Non-Business (00).

To be classified as a Small, Minority, Women-owned, or Disadvantaged Business Enterprises, a company must meet all qualifying standards and be at least 51 percent owned, operated, and controlled by the qualifying person or persons. For additional information and definitions, refer to the ACA website at www.azcommerce.com.

Main Address-Required and **Remittance Address**-Optional

Check 'Same as Main' if the Remit to Address is the same as the Main Address entered.

Doing Business As (DBA)\Branch\Location-Optional.

For the remittance address, enter a DBA, branch name, or location, if applicable. Also enter any continuation of the Name or Business Name if needed.

Instructions for the Arizona Commerce Authority Substitute W-9 & Vendor Authorization Form, cont.

Main Address cont.-Required and **Remittance Address**-Optional Check `Same as Main' if the Remit to Address is the same as the Main Address entered.

Address
Required. Enter under the `Main Address' an address where tax information and general correspondence is to be mailed. Enter under Remittance Address an address where payments should be made. Foreign addresses should enter full address here.

City
Required. Enter your city.

State
Required. Select your state from the drop-down list. If you are using an address outside of the U.S., select XX-Foreign address.

Zip code
Required. Enter your 5 digit zip code. A 4 digit add on is optional. If completing online, do not enter a dash. If foreign address, do not complete field and enter full address in the address line.

Contact Information-Required

Name
Required. Enter contact name. The person indicated will be contacted for payment related questions or issues.

Title
Optional. If the form is completed on behalf of a business, please enter your title.

Phone#
Required. Enter the contact's phone number including area code. If competing online, enter 9 numeric characters ONLY, do not enter any dashes, parenthesis or other special characters.

EXT
Optional. Enter the contact's phone number extension, if applicable.

email
Optional. Enter the contact's email address. Must be in the format: email@address.com.

Fax
Optional. Enter the contact's fax number. If completing online, enter 9 numeric characters ONLY, do not enter any dashes, parenthesis or other special characters.

Certification

Exempt from backup withholding
Optional. Check box if you are exempt from backup withholding (Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments). Refer to IRS W-9 instructions for additional information.

Signature
Required. Signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

Title
Required. Enter the title of the person who signed/certified the form.

Current Date
Required. This field will default to the current date if form is completed electronically.

Do not complete any remaining fields; they are reserved for use by the Arizona Commerce Authority

Additional Information
For additional information concerning certification requirements for the substitute W-9 form, refer to the instructions for the Internal Revenue Service form W-9 at: **www.irs.gov.**