

VR W-9 Vendor Form

Please fill out page 2 if your business uses a Federal Employer Identification Number for IRS tax purposes.

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.

To be completed by VR staff (check if yes):

Check if this provider is:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Institution	Attorney or Law Office	Medical Service Provider

Please provide vendor contact information if you have it (Name, Email, or Phone Number):

To be completed by the vendor:

If your business uses a Social Security Number (SSN):

Fill in per IRS or tax records

Is your business (check one box):

<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietor
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Social Security Number (SSN):	
First Name:	
Middle Initial:	
Last Name:	
Doing Business As (DBA):	

Payment Remittance Address (address for mailing payments):

City:	State:	Zip:
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1099 Form Address (if different from payment remittance address above):

City:	State:	Zip:
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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	
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VR W-9 Vendor Form

Please fill out Page 1 if your business uses a Social Security Number for IRS tax purposes.

Failure to provide this information will result in withholding of payment.

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.

To be completed by VR staff (check if yes):

Check if this provider is:

Academic Institution

Attorney or Law Office

Medical Service Provider

Please provide vendor contact information if you have it (Name, Email, or Phone Number):

If your business uses a Federal Employer Identification Number (EIN):

Fill in per IRS or tax records

Is your business (check one box):

Corporation

Partnership

Estate or Trust

Government

LLC filing as (choose one from dropdown):

Corporation(C), Partnership(P), Sole Proprietor(S)

Other (choose one from dropdown):

Choose from dropdown

Sole Proprietor

Federal Employer Identification Number (EIN):

Legal Business Name:

Doing Business As (DBA):

Payment Remittance Address (address for mailing payments):

City:

State:

Zip:

1099 Form Address (if different from payment remittance address above):

City:

State:

Zip:

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