



Vendor Number Application/Update (Substitute W-9 Certification)

Ownership Type that Applies to You or Your Business (Please check one and supply a SSN or EIN as applicable)

<p>Individual (Please call to provide SSN. SSN should not be sent via e-mail or fax)</p> <p>Sole Proprietorship (Includes one-member Limited Liability Companies) EIN</p> <p>Partnership (Includes Limited Liability Companies with two or more member) EIN</p> <p>Corporation (Professional Corporation, S-Corp, etc.) EIN</p>	<p>Governmental Entity EIN</p> <p>Nonprofit Corporation EIN</p> <p>Trust EIN</p> <p>Other (Be specific) EIN</p>
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Type of Business (Please check Yes or No as applicable)

Does your business provide Medical Services?	Yes	No
Does your business provide Legal Services?	Yes	No

Name

Name as reported to IRS (for individuals & sole proprietors this should be the name of the individual)

Business Name, Trade Name or DBA (if applicable)

Address for Payments

Street Address	City	State	Zip Code
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NOTE: If you prefer to receive payments as Electronic Funds Transfers (EFT) to your bank account, complete an FI 16V - Direct Deposit Authorization for Electronic Funds Transfers (EFT) for Vendors. This form is available at <http://efinance.state.ut.us/evendor>.

Certification

IRS regulations state that if you fail to provide the correct *Social Security Number* or *Employer Identification Number* requested above, you may be subject to a penalty. If you willfully provide false information you may be subject to criminal penalties including fines and/or imprisonment.

I, the undersigned certify that I am authorized to provide the above information and the information is true and correct.

<hr style="width: 80%; margin: 0 auto;"/> <p>Authorized Signature</p>	<p>Printed Name</p>	<p>Title</p>
Date	Email Address	Telephone Number
		Fax Number

If you are using a Social Security number, or need any help completing this form, please call. Form submissions can be faxed or emailed.

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