

STATE OF MAINE
NEW VENDOR & VENDOR UPDATE FORM
INSTRUCTIONS

1. TYPE OF REQUEST

- a. Is it **NEW**?
- b. Adding location? (a sub entry to another existing.)
- c. **CHANGES** to existing? Checkmark a type.

2. FEDERAL TAXPAYER ID NUMBER

- a. This is your social security number if you are an individual and being paid as such. **OR**
- b. This is your EIN if you're a company and being paid as such.
- ❖ **NOTE:** pick **ONE** or the other do **NOT** give us both. If one is not provided the form is **NOT** processed.

3. ORGANIZATION TYPE

- a. Individual if you gave SSN above.
- b. Company if you gave EIN above.
- ❖ **NOTE:** pick one that matches to the number above it. (see arrows)

4. CLASSIFICATION TYPE

- a. **SSN = Individual = Individual / Sole Prop. / NonRes Alien** ~ (Use person's first & last name in legal name field.)
- b. **EIN = Company = Corporation / Foreign / Partnership / Trust / St Gov't / Other Gov't / Other** ~ (Use company's name in legal name field)

5. LEGAL NAME

- a. **LEGAL NAME:** Person's first & last name if an SSN is provided above. **OR** Company's name if an EIN is provided above.
- b. **ALIIS/DBA:** alias or also known as **OR** the DBA = doing business as is entered here.

6. OTHER INFO (add in addition to TIN. NOT instead of)

- a. Vendor Code a number that was assigned by the State of Maine's accounting system Advantage. Usually a VC or VS number. **(if known)**
- b. Account/Client/Provider Number may have been assigned by DHHS/LABOR or an NPI. **(if known)**

7. PAYMENT ADDRESS

- a. Address = Street **OR** PO Box address (**NOT both**)
- b. C/O = Care Of or attention to(ATTN) goes in this space.
- c. City, State, & Zip
- d. Phone = the phone number of the legal name above.
- ❖ My **BILLING** and/or Admin Address is the same.(Advantage has 4 types of addresses: Payment/Procurement/Billing/Administrator)

8. CONTACT


- a. Contact name for above address that we can contact in reference to payments.
- b. Contact phone number & extension for above address.
- c. Contact's Email for above address.
- ❖ Email notification of Direct Deposit/EFT (requires Direct Deposit/EFT form to be completed.)

9. PHYSICAL / PROCUREMENT ADDRESS ~ follow#7's a -d above in reference to contracts.

10. CONTACT ~ follow#8's a -c above in reference to contracts.

11. AUTHORIZED SIGNATURE, TITLE & DATE

- a person authorized to make changes for individual (self if form is for self) or company.



State of Maine Substitute W-9 & Vendor Authorization Form
PURPOSE: To establish or update an account with the State of Maine's accounting system.

This form replaces the IRS W-9 form per the IRS W-9 language. "If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9."

Complete this form if: 1) You will receive payment from the State of Maine, 2) You are a vendor who provides services or goods to the State of Maine, and/or 3) You are a U.S. citizen with valid Tax ID Number (SSN/EIN). Reset Form

All items with an asterisk (*) needs to be completed.

TYPE OF REQUEST* (Must select one.)

1 New Request New Location/Additional Entry Change (Choose) Legal Name DBA Name

2 **TAXPAYER ID NUMBER* (TIN) (Provide ONE only)**
Social Security Number (SSN) []-[]-[]-[] OR Federal Employer ID Number (FEIN) []-[]-[]-[]

3 **Organization Type* choose ONE** Individual Company

4 **Classification* choose ONE** Individual Sole Proprietorship Corporation Foreign (W9 required) Partnership Trust State Gov't Other Gov't Other

5 **LEGAL NAME (Must provide: Legal name filed with IRS tied to the ID number, SSN=first & last name/FEIN=business name)**
Legal Name* [] [] [] [] Alias/DBA [] [] [] []

6 **Other Info** Vendor Customer Number (if known) VC#VS# [] [] [] Account/Client/Provider Number (if known) [] [] [] []

7 **Payment Address*** My Billing Address Admin. Address is the same.
Address [] [] [] [] C/O [] [] [] []
City/State/Zip [] [] [] [] Phone [] [] [] []

8 **Contact*** Name [] [] [] [] Phone [] [] [] [] Ext [] [] []
Email [] [] [] [] [] [] Send me Email notifications of DD/EFT (requires Direct Deposit/EFT form to be completed)

9 **Procurement/Physical Address*** My Billing Address Admin. Address is the same.
Address [] [] [] [] C/O [] [] [] []
City/State/Zip [] [] [] [] Phone [] [] [] []

10 **Contact*** Name [] [] [] [] Phone [] [] [] [] Ext [] [] []
Email [] [] [] [] [] []

11 **Authorized Signature, Title & Current Date***
I certify that the above information is accurate & correct as of the current date signed on this form. I am responsible for updating & maintaining my information on a regular basis by written communication via this form or via the internet at the Vendor Self Service web site.

OFFICE USE ONLY Information on State Agency Submitting Vendor Form OFFICE USE ONLY
State Agency & SACS # Agency Contact Person Name & Title Contact's Phone #