

State of Arizona Substitute W-9: Request for Taxpayer Identification Number and Certification

Submit completed form to the State of Arizona Agency with whom you are doing business with for review and authorization.

	Type of Request (Must select at least ONE)									
1	New Request New Location (Additional Address DD)	Change - Select type(s) of chang the following:		Tax ID Main A		ame Enti demittance Add		Minority Business Inc Contact Information	dicator	
٦]	Taxpayer Identification Number (TIN) (Provide ONE Only)									
2	TIN OR SSN									
3	Entity Name (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name.) Legal Name									
	DBA Name									
4	Entity Type (Must select ONE of the following)									
					The US or any of its political subdivisions or instrumentalities					
	Corporation		A state, a possession of the US, or any of thei					political subdivisions or		
	O Partnership		instrumentalities Other: Tax Reportable Entity						┥	
	Limited Liability Company (LLC) including Corporation: Partnerships	s & (Other: Tax Reportable Entity Other: Tax Exempt Entity Des				ription			
1	Minority Business Indicator (Must select ONE of the following)									
	Small, Woman Owned Business- Hispanic Minority Owned Business- African American									
5	Small Business- African American		I, Woman Owned Business- Native American				Minority Owned Business- Arican American			
			, Woman Owned Business- Other Minority				Minority Owned Business-Hispanic			
		Woman Owned Bus				<u> </u>		ess- Native American		
	Small Business- Native American						Minority Owned Business- Other Minority			
	Small Business- Other Minority						ofit, IRC 5501(c)			
		Woman Owned Bus	n Owned Business- Hispanic Non-Sm				II, Non-Minority or Non-Woman Owned			
			an Owned Business- Native American							
			ed Business- Other Minority				Von-Busine	55		
-										
6	Veteran Owned Business YES	NO								
	Entity Address Main Address (Where tax information and general correspondence is to be mailed) Remittance Address (Where payment is to be mailed) Same as Main									
7	Address Line 1			Address Line 1						
	Address Line 2			Address Li	Address Line 2					
	City State	Zip code		City			State	Zip code		
	Vendor Contact Information									
8	Name			Title						
	Phone Ext. Fax			Email						
_ 1	Exemption from Backup Withholding and FATCA Reporting: Complete this section if it is applicable to you. See instructions for more details									
9	Exemption Code for Backup Withholding			Exemption Code for FATCA Reporting						
	Certification Under penalties of perjury, I certify that:									
10	1. The number shown on this form is my correct Taxpayer Identification Number, 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 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, and 3. I am a US citizen or other US person, and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid 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.									
	Signature Print Name						Date			