

## Department of Administrative Services - State Accounting Enterprise

<b>Section</b> PRE-AUDIT	<b>Procedure Number</b> 270.450	<b>Page Number</b> 1 of 1	<b>Effective Date</b> June 6, 2018
<b>Subject</b> PROCESSING VENDOR CODES			

The Internal Revenue Service (IRS) states that Taxpayer Identification Numbers (TINs) are used to associate and verify amounts reported to the IRS with corresponding amounts on tax returns. Therefore, it is important that correct TINs are furnished for vendors of the State. The TIN for an individual is the Social Security Number (SSN). For other recipients, it is the Employer Identification Number (EIN).

It is important to obtain the correct TIN from the vendor. Incorrect vendor information creates potential penalties for the State of Iowa. The IRS penalty for incorrect vendor numbers is \$50 per occurrence. It is the department's responsibility to obtain and submit the correct TIN. Any fines issued to the State of Iowa for an incorrect TIN will be passed on to the entering department. If the department can prove the vendor supplied the incorrect information, they can pass the fine on to the vendor. The best way to prove this is with a signed W-9 from the vendor. The [Substitute W-9](#) form is available on the SAE website.

It is also important to receive and maintain correct address information to better ensure warrants and 1099s are delivered properly and timely.

Complete instructions for processing vendor codes are located online in I/3 at: <https://sites.google.com/a/iowa.gov/i-3-integrated-information-for-iowa/?pli=1>

For question on how to enter vendor information in I/3 Financial, contact [DASVendorHelp@iowa.gov](mailto:DASVendorHelp@iowa.gov).

### [Substitute W-9 Vendor Form](#)

SUBSTITUTE W-9 VENDOR UPDATE FORM  
*(Please print or type except for signature)*

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.**

<b>Box A</b> Are you Your Business: <ul style="list-style-type: none"> <li>Individual <input type="checkbox"/></li> <li>Or Sole Proprietor <input type="checkbox"/></li> </ul> Phone: _____ Fax: _____ If you answer to both yes/no, please complete Box B. If you answered Yes to either item, please provide your Social Security number (Sole Proprietors may use their EIN) or your EIN. If you use your SSN: SSN: _____ OR EIN: _____ <b>AND Complete the name and address below:</b> Last Name: _____ First Name: _____ Doing Business as: _____ Address: _____ Address: _____ City: _____ State: _____ Zip: _____	<b>Box B</b> Is your business: <ul style="list-style-type: none"> <li>Corporation <input checked="" type="checkbox"/> <input type="checkbox"/></li> <li>Partnership <input type="checkbox"/></li> <li>State or Trust <input type="checkbox"/></li> <li>Government <input type="checkbox"/></li> <li>LLC - Use Code below <input type="checkbox"/></li> <li>(S) Sole Proprietor (P) Partnership (C) Corporation</li> </ul> <b>For Other Please Explain:</b> _____ Please provide us with your Federal Employer Identification Number: _____ Phone: _____ Fax: _____ AND _____ <b>Complete the Name and Address below:</b> Firm: _____ Doing Business as: _____ Address: _____ Address: _____ City: _____ State: _____ Zip: _____
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**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 (or I am exempt from backup withholding) or (3) 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 (4) the IRS has notified me that I am no longer subject to backup withholding.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only (Refer to Procedure 270.450 for more details)**

Print Name: _____	<input type="checkbox"/> Add
Contract: _____	<input type="checkbox"/> Change
Phone #: _____	<input type="checkbox"/> Exclude vendor code and change only
	Reason: _____

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