# I/3 New Vendor Form - Designated Agencies only

**Certify:** ☒ **I ran Data Warehouse report FR053-*All Vendor Codes for a TIN,* to confirm the vendor isn't set up yet.**

- If the vendor's TIN already exists on FR053, and the vendor address is listed on FR053, do not submit this form. Instead, use the existing vendor code to process your payment document(s).
- If the vendor's TIN already exists on FR053, and ALL addresses are still being used, and if a new payment address is needed, submit a *I/3 New Location Form,* with a copy of an invoice or a W-9 from the vendor.
- If the vendor's TIN already exists on FR053, and if the vendor's payment address needs to be changed (ie. vendor has moved), do not submit this form. Instead, submit a *I/3 Vendor Modification Form*.

**To set up a new vendor, complete each section below.**

**\*  If the 1099 Classification is not 'Employee', you must attach a completed W-9 form with this submission  \***

| SSN | | OR | EIN | |
|---|---|---|---|---|
| | | | | |

## Vendor Information

| | |
|---|---|
| **Legal Name:** | |
| **Alias/DBA:** | |
| **1099 Classification:** | ▼ |

## Payment Address Information

| | |
|---|---|
| **Optional Routing Information:** *(if applicable)* | |
| **Payment Street Address:** | |
| **Payment City, State, Zip:** | |

## Ordering Address Information  *(Skip this section if identical to Payment address)*

| | |
|---|---|
| **Optional Routing Information:** *(if applicable)* | |
| **Ordering Street Address:** | |
| **Ordering City, State, Zip:** | |

## 1099 Address Information  *(Skip if identical to Payment address. Include explanation if different)*

| | |
|---|---|
| **1099 Street Address:** | |
| **1099 City, State, Zip:** | |
| **Explanation or Agency confirmation from vendor that the 1099 address is different than payment:** | |

## Requestor Information

| | |
|---|---|
| **Requestor Name:** | |
| **Requestor Agency Number:** | |
| **Requestor Phone:** | |
| **Requestor Email Address:** | |
| **Additional Information to provide that may be helpful for vendor setup:** | |

Email this certified form with requested documentation to: DASVendorHelp@iowa.gov

Or send via local mail to DAS-SAE, 3<sup>rd</sup> Flr, Hoover Bldg, Attn. DAS Vendor Help

Or fax the information to 515-281-5255, Attn: DAS Vendor Help

**For DAS-SAE use only:**

| TIN Type:  EIN or SSN     Org Type:  Individual  or Company | 1099 Classification: |
|---|---|
| Location Name: | FR053/FR057 review: |
| I/3 Document ID No. | Vendor No. updated:                    Address ID |

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