

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.

Box A	Box B																																																																																																																																																																																																																																																																																																		
<p>Are you/Your Business: YES NO</p> <p>Individual? <input type="checkbox"/> <input type="checkbox"/></p> <p style="text-align: center;">OR</p> <p>Sole Proprietor? <input type="checkbox"/> <input type="checkbox"/></p> <p>Phone Number:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table> <p>FAX Number:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table>																					<p>Is Your Business: YES NO</p> <p>Corporation <input type="checkbox"/> <input type="checkbox"/></p> <p>Partnership <input type="checkbox"/> <input type="checkbox"/></p> <p>Estate or Trust <input type="checkbox"/> <input type="checkbox"/></p> <p>Government <input type="checkbox"/> <input type="checkbox"/></p> <p>LLC – Use Code Below _____</p> <p>(C) Corporation (P) Partnership (S) S Corporation</p> <p>For Other Please Explain:</p> <p>_____</p>																																																																																																																																																																																																																																																																														
<p>If the answer to both questions is No, complete Box B.</p> <p>If you answered Yes to either item, please provide your Social Security Number. Sole Proprietors may enter their EIN; however the IRS prefers you use your SSN.</p> <p>SSN:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table> <p style="text-align: center;">OR</p> <p>EIN:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; 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Certification Must Be Signed By Vendor

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 because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subjected 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.

Signature _____ **Date** _____

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

	<p>From</p> <p>Dept.</p> <hr/> <p>Contact</p> <p>Phone #:</p>	<p><input type="checkbox"/> Add</p> <p><input type="checkbox"/> Change (Include vendor code & changes only)</p> <p>Reason: _____</p> <p>_____</p>
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