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. Is Your Business: Are you/Your Business: NO YES NO **Individual?** Corporation OR **Sole Proprietor? Partnership Phone Number: Estate or Trust** Government **FAX Number:** LLC - Use Code Below (C) Corporation (P) Partnership (S) S Corporation If the answer to both questions is **No**, complete Box B. For Other Please Explain: 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. Please provide us with your: SSN: **Federal Employer Identification Number:** OR EIN: **Phone Number: FAX Number: Last Name: First Name: Complete Business Name and Address Below: Doing Business As:** Firm: Address: **Doing Business As:** Address: Address: City: City: Zip: State: State: Zip: 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) From Dept. Change (Include vendor code & changes only) Contact Phone #: **DAS-SAE #1174 Revised 2/11**