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ACA-W-9 Revised 01/2017

Instructions for the Arizona Commerce Authority Substitute W-9 & Vendor Authorization Form

General instructions:

- 1. Form ACA-W-9 should be completed by computer (electronically).
- 2. Vendor must type or legibly print all `Required' fields and submit to the Arizona Commerce Authority for their review and authorization of the form.

Specific instructions:

Type of Request

Select the type of request being made. Select only one, the choices are: 1) New Request, 2) New Location or 3) Change. If selecting Change, please identify what fields have changed since the previous submission. Check all changes that apply: Tax ID, Legal Name, Entity Type, Minority Business Indicator, Main Address, Remittance Address or Contact Information.

Taxpayer Identification Number (TIN)

Social Security Number (SSN) OR Federal Employer Identification Number (FEIN)

Required. Enter your 9 digit Social Security Number (SSN) **OR** Federal Employer Identification Number (FEIN). This is your Taxpayer Identification Number (TIN) as assigned by the Internal Revenue Service (IRS) or Social Security Administration (SSA).

Entity Name

Legal Name

Required. Enter the name corresponding to the TIN given. Name must be the same as registered with the Internal Revenue Service (IRS) or Social Security Administration (SSA).

- •Individuals: Enter First Name, Middle Name, Last Name
- •Sole Proprietorships: Enter First Name, Middle Name, Last Name
- •ALL Others: Enter Legal Name of the Business.

Entity Type

Required. Check only ONE entity type for the TIN given. If "Other" is selected, please provide a Description for your business.

Minority Business Indicator

Required. Select the most detailed description for your business. Only one selection can be made. If none apply, select the second from last description of Non-small, Non-Minority or Non-Women Owned Business (00). For non-businesses, please select the last option of Individual, Non-Business (00).

To be classified as a Small, Minority, Women-owned, or Disadvantaged Business Enterprises, a company must meet all qualifying standards and be at least 51 percent owned, operated, and controlled by the qualifying person or persons. For additional information and definitions, refer to the ACA website at www.azcommerce.com.

Main Address-Required and **Remittance Address-**Optional Check `Same as Main' if the Remit to Address is the same as the Main Address entered.

Doing Business As (DBA)\Branch\Location

Optional. For the remittance address, enter a DBA, branch name or location, if applicable. Also enter any continuation of the Name or Business Name if needed.

Instructions for the Arizona Commerce Authority Substitute W-9 & Vendor Authorization Form

Main Address cont.-Required and Remittance Address-Optional Check `Same as Main' if the Remit to Address is the same as the Main Address entered.

Address

Required. Enter under the `Main Address' an address where tax information and general correspondence is to be mailed. Enter under Remittance Address an address where payments should be made. Foreign addresses should enter full address here.

City

Required. Enter your city.

State

Required. Select your state from the drop-down list. If you are using an address outside of the U.S., select XX-Foreign address.

Zip code

Required. Enter your 5 digit zip code. A 4 digit add on is optional. If completing online, do not enter a dash. If foreign address, do not complete field and enter full address in the address line.

Contact Information-Required

Name

Required. Enter contact name. The person indicated will be contacted for payment related questions or issues. **Title**

Optional. If the form is completed on behalf of a business, please enter your title.

Phone#

Required. Enter the contact's phone number including area code. If competing online, enter 9 numeric characters ONLY, do not enter any dashes, parenthesis or other special characters.

EXT

Optional. Enter the contact's phone number extension, if applicable.

email

Optional. Enter the contact's email address. Must be in the format: email@address.com.

Fax

Optional. Enter the contact's fax number. If completing online, enter 9 numeric characters ONLY, do not enter any dashes, parenthesis or other special characters.

Certification

Exempt from backup withholding

Optional. Check box if you are exempt from backup withholding (Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments). Refer to IRS W-9 instructions for additional information.

Signature

Required. Signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

Title

Required. Enter the title of the person who signed/certified the form.

Current Date

Required. This field will default to the current date if form is completed electronically.

Do not complete any remaining fields; they are reserved for use by the State of Arizona.

Additional Information

For additional information concerning certification requirements for the substitute W-9 form, refer to the instructions for the Internal Revenue Service form W-9 at: **www.irs.gov.**