



For help completing this form, call Accounts Payable (801) 538-3110 or (801) 538-3112

## Vendor Number Application/Update (Substitute W-9 Certification)

**Ownership Type that Applies to You or Your Business** (Select one and supply a SSN or EIN as applicable)

- |  |  |
|--|--|
| <input type="radio"/> <b>Individual</b><br>SSN _____   | <input type="radio"/> <b>Governmental Entity</b><br>EIN _____          |
| <input type="radio"/> <b>Sole Proprietorship</b><br>(Includes one-member Limited Liability Companies)<br><input type="radio"/> SSN <input type="radio"/> EIN _____ | <input type="radio"/> <b>Nonprofit Corporation</b><br>EIN _____        |
| <input type="radio"/> <b>Partnership</b><br>(Includes Limited Liability Companies with two or more member)<br>EIN _____  | <input type="radio"/> <b>Trust</b><br>EIN _____                        |
| <input type="radio"/> <b>Corporation</b><br>(Professional Corporation, S-Corp, etc.)<br>EIN _____  | <input type="radio"/> <b>Other</b> _____<br>(Be specific)<br>EIN _____ |

### Type of Business

 (Select Yes or No as applicable)

Does your business provide Medical Services?    Yes    No

Does your business provide Legal Services?    Yes    No

### Name

**Name as reported to IRS** (for individuals & sole proprietors this should be the name of the individual) \_\_\_\_\_

**Business Name, Trade Name or DBA** (if different than above) \_\_\_\_\_

### Address for Payments

\_\_\_\_\_ Street Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

**NOTE:** If you prefer to receive payments as Electronic Funds Transfers (EFT) to your bank account, complete an FI 16V - Direct Deposit Authorization for Electronic Funds Transfers (EFT) for Vendors. This form is available at <http://efinance.state.ut.us/evendor>.

### Certification

IRS regulations state that if you fail to provide the correct *Social Security Number* or *Employer Identification Number* requested above, you may be subject to a penalty. If you willfully provide false information you may be subject to criminal penalties including fines and/or imprisonment.

I, the undersigned certify that I am authorized to provide the above information and the information is true and correct.

\_\_\_\_\_ Authorized Signature

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Title

\_\_\_\_\_ Date

\_\_\_\_\_ Email Address

\_\_\_\_\_ Telephone Number

\_\_\_\_\_ Fax Number

Return to:

*Von Hartin*

FAX: 801.538.7729

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