Division of Finance

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)

- Individual
  - SSN
- Sole Proprietorship
  - Includes one-member Limited Liability Companies
  - SSN  O  EIN
- Partnership
  - Includes Limited Liability Companies with two or more member
  - EIN
- Corporation
  - Professional Corporation, S-Corp, etc.
  - EIN
- Governmental Entity
  - EIN
- Nonprofit Corporation
  - EIN
- Trust
  - EIN
- Other
  - (Be specific)
  - EIN

Type of Business (Select Yes or No as applicable)

- Does your business provide Medical Services?  O  Yes  O  No
- Does your business provide Legal Services?  O  Yes  O  No

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 then 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 Martin
FAX: 801.538.7889
Telephone: 801.538.7660