



PLEASE COMPLETE AND RETURN TO:  
 Minnesota Management & Budget  
 Vendor File Maintenance  
 400 Centennial Building  
 658 Cedar Street  
 St. Paul, MN 55155  
 Fax: (651) 797-1306  
 Vendor.mmbefax@state.mn.us

## SUBSTITUTE FORM W-9

Name (DBA) and Physical Address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_

Supplier Number (if known): \_\_\_\_\_

**SUBJECT:** Request for Taxpayer Information. (Failure to furnish a taxpayer identification number makes you subject to a penalty of \$50.)

The purpose of this form is to obtain or confirm your correct taxpayer name and identification number. Federal and state tax regulations require that we have this information from recipients of certain payments in order to report such payments to the Internal Revenue Service on the Form 1099 Return.

Please complete items 1, 2, and 3 below. If you have any questions, phone (651) 201-8201 for assistance. Send, fax or e-mail the completed form to the address in the upper right corner.

1. Check your tax filing status below and enter your social security number or federal employer identification number. If you have been issued a separate Minnesota tax identification number, write it in the space provided. If you have recently applied for a taxpayer number, write "Applied For" in the space for the number.

<p>(Check One)</p> <p>Individual/Sole Proprietor: Use SSN</p> <p>Limited Liability Company (Select One)</p> <p style="padding-left: 20px;">Single Member LLC: Use SSN</p> <p style="padding-left: 20px;">Partnership</p> <p style="padding-left: 20px;">C-Corporation (C-Corp)</p> <p style="padding-left: 20px;">S-Corporation (S-Corp)</p> <p>Corporation</p> <p>Trust/Estate</p> <p>Tax Exempt: Use FEIN and list the organization's IRS Exempt Payee Code (if any) _____</p> <p>Other: _____</p>	<p>_____</p> <p>SOCIAL SECURITY NUMBER (SSN)</p> <p>_____</p> <p>FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)</p> <p>_____</p> <p>MINNESOTA TAX ID NUMBER (IF APPLICABLE)</p>
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2. Print the full Legal/Withholding name belonging to the social security number or employer identification number provided above.

3. Certification. Under penalty of perjury, I certify the number shown on this form is my correct taxpayer identification number.

Signature: \_\_\_\_\_ Phone No: \_\_\_\_\_ Date: \_\_\_\_\_

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

**PRIVACY ACT NOTICE** - Internal Revenue code Section 6109 requires you to furnish your correct taxpayer identification number to payers who must file information returns with IRS. IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. Payers must generally withhold 28% of taxable interest and certain other payments to a payee who does not furnish a TIN to a payer.