



State of Idaho

700 West State Street, P.O. Box 83720

Boise, ID 83720-0011

Combined Substitute W-9/Direct Deposit/Remittance Advice Authorization Form

Agency use only:

Agency number: _____

Contact name: _____

Contact Phone Number _____

Part I - Substitute W-9 Tax Identification (Always required).

Name: _____

Complete if you are a
SOLE PROPRIETOR or
SINGLE-OWNER LLC

Required: Personal name of owner of the business _____

Optional: Business name if different from above: _____

Enter your Tax Identification Number in the appropriate box.

For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social Security Number
_____-_____-_____

OR

Employer Identification Number
_____-_____-_____

Check appropriate box: Individual/
Sole proprietor Corporation Partnership Other (explain) _____

Exemption: If exempt from Form 1099 reporting, explain exemption here:

Signature: I am a U. S. person (including a U. S. resident alien).

Person completing this form: _____ Title: _____
Signature: _____ Date: _____ If address for payments is different, please provide a payment
remittance address:
Tax correspondence address: _____
City: _____ State: _____ ZIP: _____
Phone: () _____

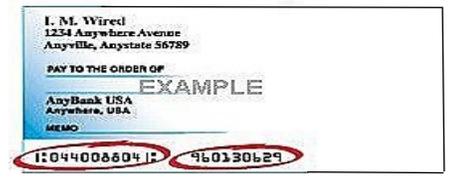
Part II - Direct Deposit Authorization (Optional). To receive payments electronically, complete **Part I** and **Part II** and **attach an original voided check (not a deposit slip)** or bank verification of your checking or savings account number. **NOTE:** Invalid account information will be rejected by the vendor's financial institution and generate a notice of change, which is routed through the NACHA network to the STO. A notice of change will void this request form and future payments will be made by Idaho State warrant

Request type New Change Cancel

Accountholder Name/Title (Title required if company account)

Routing Number _____ Account Number _____

Account Type (Please check the appropriate box) C - Checking Account S - Savings Account



Routing Number _____ Account Number _____
Is nine digits can vary in length

I hereby authorize and request the Idaho State Controllers Office (SCO) and the Idaho State Treasurers Office (STO) to initiate credit entries for vendor payments to the account indicated above. I agree to abide by the National Automated Clearing House (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, the SCO and STO may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal action is required, the SCO will notify the office identified in Part I of the error and the reason for reversal.

This authority will continue until such time as SCO and STO have had a reasonable opportunity to act upon written notice to terminate or change the direct deposit service initiated herein.

Signature of Authorized signer on account _____ Print Name Here _____ Sign Here _____

Part III - Remittance Advice on the Web (Optional). To view payment information on the Internet, complete **Part I** and **Part III**. Login instructions will be mailed to the payment address provided in **Part I**. Additional information can be found on the [SCO Vendor Services Web site](#).

I want to view my remittance advices on the Web. (Check one.) Yes-One Yes-All
Get payment information for this location only by using the State Controllers Office Web Remittance Advice Application.
Get payment information for all of your locations by using the State Controllers Office Web Remittance Advice Application.

Instructions - Part I

The State of Idaho is about to pay you an amount that may be reported to the **Internal Revenue Service (IRS)**. If the amount is reportable to the IRS, they will match this amount to your tax return. In order to avoid additional IRS scrutiny, we must provide the IRS with your name and either your Social Security Number or your Employer Identification Number. The name we need is the **name that you use on your tax returns** related to this payment. We are required by law to obtain this information from you.

Exemption: If you are exempt from backup withholding, indicate the reason why in the Exemption box, and we will not send you a Form 1099. For additional information on exempt status, please review the full IRS Form W-9 Instructions found on the IRS website at IRS.gov.

U. S. Person: This form may be used only by a U. S. person, including a resident alien. Foreign persons should furnish us with the appropriate Form W-8.

Penalties: Your failure to provide a correct name and Taxpayer Identification Number will delay the issuance of your payment and may subject you to a \$50 penalty imposed by the IRS under section 6723. If you make a false statement with no reasonable basis that results in no backup withholding, you could be subject to a \$500 civil penalty. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Confidentiality: If we disclose or use your Taxpayer Identification Number in violation of Federal law, we may be subject to civil and criminal penalties.

Privacy Act Notice

You must provide your TIN whether or not you are required to file a tax return. If you do not provide your TIN, certain penalties may apply. Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal non-tax criminal laws and to combat terrorism.

Instructions - Part II

Complete this section only if you wish to receive payments by direct deposit or electronic funds transfer through the ACH network. Attach an original voided check (not a deposit slip) or a bank verification of your checking or savings account number. Copies of checks cannot be accepted. The routing number is normally the first group of nine digits on the bottom of your check. The account number is of varying length and is normally the next group of digits on the bottom of your check. Please see the illustration in Part II for a sample of where these numbers can be found.

Instructions – Part III

The Idaho State Controllers Office now offers payment information on the Internet. Information found on the regular remittance advice can be accessed through a secure site at <http://www.sco.idaho.gov>. If you would like to take advantage of this service, complete Part III of the form. When deciding to participate in this program, you have the option of viewing payment information for all of your locations associated with the Taxpayer Identification Number provided in Part I or just the location or address provided in Part I. You will receive initial login instructions at the address provided in Part I. If you provided both a tax address and a payment address, the instructions will be sent to your payment address.