

# STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

## PLEASE SUBMIT FORM TO INVOICED AGENCY

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only **one** of the following boxes:

☐ Individual ☐ Sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate

☐ Non-Profit Entity ☐ Government (Local, State or Federal)

☐ **Limited Liability Company.** Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) \_\_\_\_

☐ Other (see instructions) \_\_\_\_\_

**Note:** Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.

**4** Exemptions (see instructions): Exempt payee code (if any) \_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_

**5** Address:

Remit Address (if different):

**6** City, state, and ZIP code

City, state, and ZIP code

### Taxpayer Identification Number (TIN):

Social Security Number (SSN):

**OR**

Employer Identification Number (EIN):

Month & Year Tax Id/Name changed

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

### Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.**

**Signature of US Person:** \_\_\_\_\_

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

**Printed Name:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Comments or Business/Entity Notes:**

### ACH Enrollment:

☐ Initial Setup

☐ Change

☐ Close Account

**This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.**

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	<input type="checkbox"/> Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	

This account will be used for all payments by the State of Nebraska unless specified here: \_\_\_\_\_

**E-mail:** \_\_\_\_\_

(Used for ACH payment notifications.)

Authorized Individual or Entity Signature:	<b>Attachment Required!</b> (Select and attach <b>one</b> of the following items for verification):
Printed Name:	<input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check
Date	<input type="checkbox"/> Letter from your financial institution
	<input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions

**AGENCY APPROVAL #1 -Signature:**

**DATE:**

**AGENCY APPROVAL #2 -Signature:**

**DATE:**