

WHY DO I NEED W-9 WHEN I APPLY?

The State of South Dakota **REQUIRES** a W-9 from ALL grantees.

Submitting the W-9 when you apply means staff can review your W-9 and be ready to pay you *if you receive a grant*.

A **CORRECT W-9** means we can get your **GRANT FUNDS** to you quickly.

QUESTIONS? Contact:

Kate Vandel, Grant Specialist
kathryn.vandel@state.sd.us or 605-773-5925



WHY DO I NEED W-9 WHEN I APPLY?

Follow **THESE INSTRUCTIONS** to complete your W-9.

We will ask you to fix **ANY ERRORS** and resubmit.

***Note:** The online form is not efficient to TAB through. We apologize. We recommend you **CLICK THROUGH** the document following these steps.*

QUESTIONS? Contact:

Kate Vandel, Grant Specialist
kathryn.vandel@state.sd.us or 605-773-5925



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STEP 1: LEGAL NAME

Enter you LAST NAME, FIRST NAME Middle Initial

****ENTER YOUR NAME as it appears on your social security card/tax return information***

State of South Dakota
BFM-0001 (V03/201907)

Substitute **W-9**



Taxpayer Identification Number

Print or Type
Please see attachment or reverse for complete instructions.
This form can be made available in alternative formats to qualified individuals.

1 Legal Name
(as entered with IRS) **If Sole Proprietorship enter your Last, First MI**
DOE, JANE A

Business Name
If doing business as (DBA) or enter business name of Sole Proprietorship

Order Address (your physical address)
PO Box or Number and Street, City, State, **ZIP + 4**
1001 S PIERRE ST
PIERRE SD 57501-2438



Note: The online form is not efficient to TAB through. We recommend you **CLICK THROUGH** the document following these steps.

STEP 2: ORDER ADDRESS

Enter your PHYSICAL ADDRESS

***ZIP CODE MUST INCLUDE + 4 extension**

Go to the website <https://tools.usps.com/zip-code-lookup.htm?byaddress>


Enter YOUR street address along with city and state

Click 

The address provided includes the Zip Code with the + 4 extension

1001 S PIERRE ST
PIERRE SD 57501-2438

State of South Dakota
BFM-0001 (V03/201907)



Substitute **W-9**

Taxpayer Identification Number

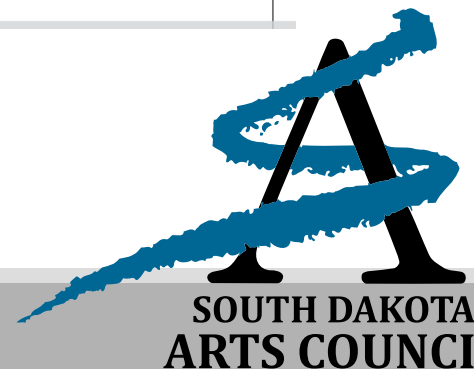
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DOE, JANE A

Business Name
If doing business as (DBA) or enter business name of Sole Proprietorship

2 Order Address (your physical address)
PO Box or Number and Street, City, State, **ZIP + 4**
1001 S PIERRE ST
PIERRE SD 57501-2438



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STEP 3: REMIT ADDRESS

Enter your MAILING ADDRESS only if DIFFERENT from your physical address

***ZIP CODE MUST INCLUDE + 4 extension**

Go to the website <https://tools.usps.com/zip-code-lookup.htm?byaddress>

Enter YOUR street address along with city and state

Click 

The address provided includes the Zip Code with the + 4 extension

PO BOX 0
PIERRE SD 57501-0015

Print or Type
Please see attachment or reverse for complete instructions.
This form can be made available in alternative formats to qualified individuals.

➤ Legal Name
(as entered with IRS) If Sole Proprietorship **enter your Last, First MI**

DOE, JANE A

➤ Business Name
If doing business as (DBA) or enter business name of Sole Proprietorship

➤ Order Address (your physical address)
PO Box or Number and Street, City, State, **ZIP + 4**

1001 S PIERRE ST
PIERRE SD 57501-2438

- 3** Remit Address
PO Box or number and street, City, State, **ZIP + 4**
PO BOX 0
PIERRE SD 57501-0015
(where check should be mailed **ONLY if different from your physical address**)

Note: The online form is not efficient to TAB through. We recommend you **CLICK THROUGH** the document following these steps.

STEP 4: ENTITY DESIGNATION

Check INDIVIDUAL/Sole Proprietor

****Artist grants are with an INDIVIDUAL and NOT paid to a LLC, LLP or other entity. The ONLY EXCEPTION is for a Touring Arts Grant with a performing group registered with the IRS.***

Number (TIN) Verification

ed individuals upon request.

4 Entity Designation (check only one) **Required**

- Individual / Sole Proprietor
- Partnership
- C Corporation
- S Corporation
- Limited Liability Company - Individual
- Limited Liability Company - Partnership
- Limited Liability Company - Corporation
- Governmental Entity
- Hospital Exempt from Tax or Government Owned
- Long Term Care Facility Exempt from Tax or

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STEP 5: TAXPAYER IDENTIFICATION NUMBER (TIN)

Enter YOUR SOCIAL SECURITY NUMBER

****Artist grants are with an INDIVIDUAL and NOT paid to a LLC, LLP or other entity. The ONLY EXCEPTION is for a Touring Arts Grant with a performing group registered with the IRS.***

enter your Last, First MI

s name of Sole Proprietorship

ate, ZIP + 4

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resent from your physical address

- Individual / Sole Proprietor
- Partnership
- C Corporation
- S Corporation
- Limited Liability Company - Individual
- Limited Liability Company - Partnership
- Limited Liability Company - Corporation
- Governmental Entity
- Hospital Exempt from Tax or Government Owned
- Long Term Care Facility Exempt from Tax or Government Owned
- Trust/Estate
- All Other Entities (specify e.g. 501(c)(3), etc.)

5 Taxpayer Identification Number (TIN)
123-45-6789



Note: The online form is not efficient to TAB through. We recommend you **CLICK THROUGH** the document following these steps.

STEP 6: CHECK ONLY ONE

Check SOCIAL SECURITY NUMBER (SSN)

****Artist grants are with an INDIVIDUAL and NOT paid to a LLC, LLP or other entity. The ONLY EXCEPTION is for a Touring Arts Grant with a performing group registered with the IRS.***

Limited Liability Company - Corporation
 Governmental Entity
 Hospital Exempt from Tax or Government Owned
 Long Term Care Facility Exempt from Tax or Government Owned
 Trust/Estate
 All Other Entities (specify e.g. 501(c)(3), etc.)

address) Taxpayer Identification Number (TIN)
123-45-6789

6 Check Only One **Required**

Social Security Number (SSN)
 Employer Identification Number (EIN)
 Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)

Note: The online form is not efficient to TAB through. We recommend you **CLICK THROUGH** the document following these steps.

STEP 7: CERTIFICATION

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Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number, AND
- 2. I am not subject to back up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- 3. I am a U.S. person (including a US resident alien).

Printed Name Jane A Doe	Printed Title Artist	Telephone Number 605-123-4567
Signature <u>Jane Doe</u> <small>Jane Doe (Jan 1, 2024 16:00 CST)</small>		Date (mm/dd/yy) 01/01/24

Optional Direct Deposit Information

Printed Name: First (Middle Initial) and Last Name

Printed Title: Provide word/phrase identifying your position (i.e. artist, teacher, etc.)

Telephone Number: Phone number where you can be reached by staff if needed

Signature: Sign using Adobe Sign (online form)

Date (mm/dd/yy): Day you submit the W-9.



Optional Direct Deposit Information

WHAT IS DIRECT DEPOSIT?

State deposits funds electronically into a bank account rather than through a physical, paper check.

Grantees must provide the State with their banking information on the W-9 to receive direct deposit payments.

We DO NOT require direct deposit.



STEP 8: DIRECT DEPOSIT

Jane Doe (Jan 1, 2024 16:00 CST)

01/01/24

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Optional Direct Deposit Information

Your Bank Account Number A 1234567890	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Routing Number (9-digit ABA #) B 098765432	Name on Bank Account C Jane A Doe
THIS IS A:			
<input checked="" type="checkbox"/> new direct deposit <input type="checkbox"/> change of existing (providing old banking information required to change existing)			
Old Bank Account Number	Old Routing Number (9-digit ABA #)	You must provide the previous banking information to make a change.	
Required e-mail address (Please make this LEGIBLE) janedoe@email.com			

Make sure you have the right number in the right section. **The ROUTING number is always 9 digits.**

Checking or Savings: Check the account type (required)

Name on Bank Account: This is YOUR NAME, not the name of the bank

THIS IS A: Check NEW DIRECT DEPOSIT

Required email address: Enter your email address. This is how you will receive notification of payment.



COMPLETE AND SUBMIT W-9

Use the **SAMPLE W-9** on the next page to help you complete the W-9 for your organization.

We CANNOT GRANT TO ANYONE without a complete W-9 on file.

We **ONLY ACCEPT** the State of South Dakota Substitute W-9 through Adobe Sign.

You will be asked to fix **ANY ERRORS** and resubmit.

[SUBMIT YOUR W-9 \(linked here\)](#)

NEED HELP? Contact:

Kate Vandel, Grant Specialist

kathryn.vandel@state.sd.us or 605-773-5925





Substitute **W-9**

Taxpayer Identification Number (TIN) Verification

Print or Type

Please see attachment or reverse for complete instructions.

This form can be made available in alternative formats to qualified individuals upon request.

<p>Legal Name (as entered with IRS) If Sole Proprietorship enter your Last, First MI</p> <p>DOE, JANE A</p>	<p>Entity Designation (check only one) Required</p> <p><input checked="" type="checkbox"/> Individual / Sole Proprietor</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Limited Liability Company - Individual</p> <p><input type="checkbox"/> Limited Liability Company - Partnership</p> <p><input type="checkbox"/> Limited Liability Company - Corporation</p> <p><input type="checkbox"/> Governmental Entity</p> <p><input type="checkbox"/> Hospital Exempt from Tax or Government Owned</p> <p><input type="checkbox"/> Long Term Care Facility Exempt from Tax or Government Owned</p> <p><input type="checkbox"/> Trust/Estate</p> <p><input type="checkbox"/> All Other Entities (specify e.g. 501(c)(3), etc.)</p>
<p>Business Name If doing business as (DBA) or enter business name of Sole Proprietorship</p>	<p>Taxpayer Identification Number (TIN)</p> <p>123-45-6789</p>
<p>Order Address (your physical address) PO Box or Number and Street, City, State, ZIP + 4</p> <p>1001 S PIERRE ST PIERRE SD 57501-2438</p>	<p>Check Only One Required</p> <p><input checked="" type="checkbox"/> Social Security Number (SSN)</p> <p><input type="checkbox"/> Employer Identification Number (EIN)</p> <p><input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p>
<p>Remit Address PO Box or number and street, City, State, ZIP + 4</p> <p>PO BOX 0 PIERRE SD 57501-0015</p> <p>(where check should be mailed ONLY if different from your physical address)</p>	
<p>Exemptions</p> <p>Exempt payee code (if any):</p> <p>Exemption from FATCA reporting code (if any):</p>	

Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number, AND
- I am not subject to back up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. person (including a US resident alien).

<p>Printed Name Jane A Doe</p>	<p>Printed Title Artist</p>	<p>Telephone Number 605-123-4567</p>
<p>Signature <u>Jane Doe</u> Jane Doe (Jan 1, 2024 16:00 CST)</p>		<p>Date (mm/dd/yy) 01/01/24</p>

Optional Direct Deposit Information

<p>Your Bank Account Number 1234567890</p>	<p><input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings</p>	<p>Bank Routing Number (9-digit ABA #) 098765432</p> <p>Name on Bank Account Jane A Doe</p>
<p>THIS IS A: <input checked="" type="checkbox"/> new direct deposit <input type="checkbox"/> change of existing (providing old banking information required to change existing)</p>		
<p>Old Bank Account Number</p>	<p>Old Routing Number (9-digit ABA #)</p>	<p>You must provide the previous banking information to make a change.</p>
<p>Required e-mail address (Please make this LEGIBLE) janedoe@email.com</p>		