

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



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

STEP 1: LEGAL NAME

Enter LEGAL NAME of the organization applying

***ENTER LEGAL NAME as entered with IRS**

Go to <https://apps.irs.gov/app/eos/> and search by **Employer Identification Number (EIN)** (see next slide for details)

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 individual

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

PIERRE ART GALLERY INC.

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

Order Address (where order should be mailed)
PO Box or Number and Street, City, State, ZIP + 4

1001 S PIERRE ST

RESET SEARCH [Search Tips](#)

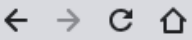
Showing **1-1** results of **1**

EIN	Organization Name
12-3456789	Pierre Art Gallery Inc.



IRS instructions

Tax Exempt Organization Search | x +



https://apps.irs.gov/app/eos/

An official website of the United States government



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Tax Exempt Organization Search

1. Go to <https://apps.irs.gov/app/eos>

2. Enter organization's EIN

3. Click Search

Select Database

Search All v

Search By

Employer Identification Number (EIN) v

Search Term XX-XXXXXXX or XXXXXXXXXX

Enter EIN Number

City

Enter City

State

All States v

Country

United States v

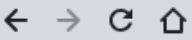
RESET

SEARCH

[Search Tips](#)

IRS instructions

Tax Exempt Organization Search | x +



https://apps.irs.gov/app/eos/

An official website of the United States government



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File Pay Refunds Credits & Deductions Forms & Instructions

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RESET

SEARCH

[Search Tips](#)

Showing **1-1** results of **1**

EIN Organization Name City State Country Database

12-3456789

[Pierre Art Gallery Inc.](#)

Pierre

South Dakota

United States

[Pub 78 Data](#)

[Copies of Returns](#)

1. Use **Organization Name** as LEGAL NAME on your W-9


2. Use the EIN listed as the Taxpayer Identification Number (TIN) on your W-9

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

STEP 2: BUSINESS NAME

Enter BUSINESS NAME **ONLY IF UEI** is registered under a different organization name than your LEGAL NAME.

Go to <https://sam.gov/search> and search by **Unique Entity Identifier (UEI)** (see next slide for details)



Select Criteria

Choose your filters and run your report to begin.

Showing 1 - 1 of 1 results

THE PIERRE ART GALLERY ● Active Registration		
Unique Entity ID	CAGE Code	Physical Address
D1L2ART3Z45	9ART8	1001 S PIERRE ST, PIERRE, SD 57501 USA

Legal Name
(as entered with IRS) If Sole Proprietorship enter your Last, First MI
PIERRE ART GALLERY INC.

2 Business Name
If doing business as (DBA) or enter business name of Sole Proprietorship
THE PIERRE ART GALLERY

Order Address (where order should be mailed)
PO Box or Number and Street, City, State, ZIP + 4
**1001 S PIERRE ST
PIERRE SD 57501-2438**

Remit Address (where check should be mailed)
PO Box or number and street, City, State, ZIP + 4



Search All Words ▾

Search Results **Saved Searches** **Actions**

Select Domain +
All Domains

Filter By −

Keyword Search
For more information on how to use our keyword search, visit our [help guide](#)

Simple Search **Search Editor**

- Any Words
- All Words
- Exact Phrase

Select Criteria
Choose your filters and run your report to begin.

Showing 1 - 1 of 1 results

Sort by
 ▾

THE PIERRE ART GALLERY ● Active Registration			Entity
Unique Entity ID	CAGE Code	Physical Address	Expiration Date
D1L2ART3Z45	9ART8	1001 S PIERRE ST, PIERRE, SD 57501 USA	Dec 9, 2024
Purpose of Registration			Federal Assistance Awards

1. Go to <https://sam.gov/search>
2. Check EXACT PHRASE, search organization's name
3. If registered name is DIFFERENT than LEGAL NAME, use THIS NAME as

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

STEP 3: 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

Find

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

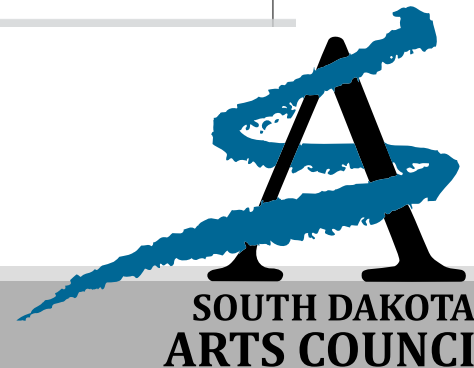
Print or Type
Please see attachment or reverse for complete instructions.
This form can be made available in alternative formats to qualified individuals.

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

3 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 4: 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

Find

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

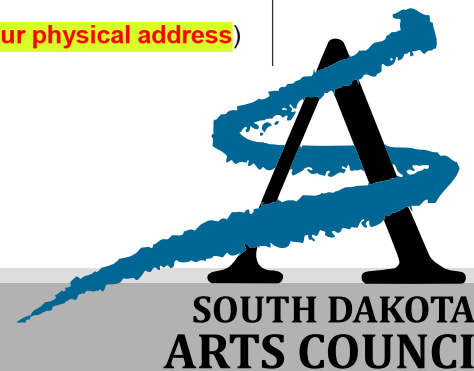
4

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 5: ENTITY DESIGNATION

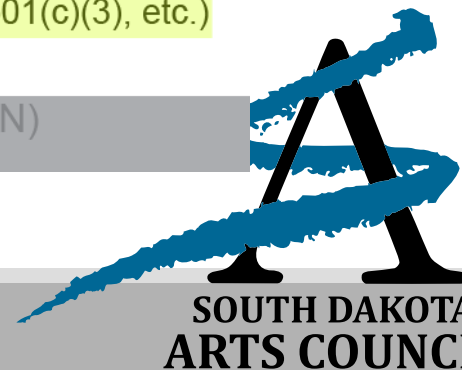
Check **ALL OTHER ENTITIES**

Specify **501c3**

quals upon request.

- 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 Government Owned
 - Trust/Estate
 - 5** All Other Entities (specify e.g. 501(c)(3), etc.)
501c3

Taxpayer Identification Number (TIN)



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

STEP 6: TAXPAYER IDENTIFICATION NUMBER (TIN)

Enter **EMPLOYER IDENTIFICATION NUMBER (EIN)**

Under “Check Only One”

Check **EMPLOYER IDENTIFICATION NUMBER (EIN)**

Trust/Estate
 All Other Entities (specify e.g. 501(c)(3), etc.)
501c3

➤ Taxpayer Identification Number (TIN)
12-3456789

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➤ 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

7

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

Printed Name: First (Middle Initial) and Last Name

Printed Title: Provide word/phrase identifying your position (i.e. director, manager, 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

8 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 PIERRE ART GALLERY INC.
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** (see next slide if you are an EXISTING GRANTEE)

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



Note: If you are an **EXISTING GRANTEE** **AND** this is a **CHANGE TO YOUR EXISITING** direct deposit information, use this slide.

STEP 8: DIRECT DEPOSIT

8 Optional Direct Deposit Information

Your Bank Account Number
1234567890

Checking
 Savings

Bank Routing Number (9-digit ABA #)
B 098765432

Name on Bank Account
C PIERRE ART GALLERY INC.

A THIS IS A:

new direct deposit change of existing (providing old banking information required to change existing)

Old Bank Account Number
456789012

Old Routing Number (9-digit ABA #)
876543219

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 **CHANGE TO YOUR EXISITING**. You **MUST** provide the previous banking information to make this change. You **MUST** submit by email that you are changing your banking information. Email to kathryn.vandel@state.sd.us

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 PIERRE ART GALLERY INC.</p>	<p>Entity Designation (check only one) Required</p> <p><input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company - Individual <input type="checkbox"/> Limited Liability Company - Partnership <input type="checkbox"/> Limited Liability Company - Corporation <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Hospital Exempt from Tax or Government Owned <input type="checkbox"/> Long Term Care Facility Exempt from Tax or Government Owned <input type="checkbox"/> Trust/Estate <input checked="" type="checkbox"/> All Other Entities (specify e.g. 501(c)(3), etc.) 501(c)(3)</p> <p>Taxpayer Identification Number (TIN) 12-3456789</p>
<p>Business Name If doing business as (DBA) or enter business name of Sole Proprietorship</p>	
<p>Order Address (where order should be mailed) PO Box or Number and Street, City, State, ZIP + 4 1001 MAIN STREET PIERRE SD 57501</p>	
<p>Remit Address (where check should be mailed) PO Box or number and street, City, State, ZIP + 4 PO BOX 1001 PIERRE SD 57501</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>	<p>Check Only One Required</p> <p><input type="checkbox"/> Social Security Number (SSN) <input checked="" type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</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).

Printed Name Jane A Doe	Printed Title Arts Grant Specialist	Telephone Number 605-123-4567
Signature		Date (mm/dd/yy)

Optional Direct Deposit Information

Your Bank Account Number 1234567890	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Routing Number (9-digit ABA #) 098765432	Name on Bank Account Pierre Art Gallery
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)
jane.doe@email.com

If you provide an email address you will be sent electronic notification when a payment is issued. You will also receive a PIN for use when logging into the SD Vendor Self Service website at <http://bfm.sd.gov/vendor>. We will **NOT** share your email address with anyone or use it for any purpose other than communicating remittance information.

Information below to be completed by the State Agency. Vendor Number required for any new vendors added to SDAS.

State Agency:	Agency Contact:	Date:	Vendor Number assigned by SDAS:
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