

COMPLETING THE W-9

1. Legal Name **MUST match your IRS information**
2. Enter your full physical address under **Order Address**
3. Enter your **Remit Address only** if you get mail at an address other than what you included for **Order Address**

QUESTIONS? Contact:

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

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**

[Last name, First name MI] DOE, JANE A

➤ 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

Full PHYSICAL address

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

ONLY IF mailing address is DIFFERENT than your physical address

COMPLETING THE W-9

1. Check **Individual / Sole Proprietor**
2. Under **Taxpayer Identification Number (TIN)** enter YOUR Social Security Number
3. Check **Social Security Number (SSN)**

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605-773-5925

uals 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
- All Other Entities (specify e.g. 501(c)(3), etc.)

Taxpayer Identification Number (TIN)

XXX-XX-XXXX

Check Only One Required

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

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.



SAMPLE CHECK BLANK

Use this SAMPLE as a GUIDE to find the information you need on your OWN check blank. Reach out to YOUR BANK directly for questions on YOUR OWN account information.

Go to the next page to see where to enter the information on the W-9.

3 Jane A Doe Name on Bank Account
1001 Main Street
Pierre SD 57501

Pay to the order of **SAMPLE**

BANK Pierre Bank
100 Main Street
Pierre SD 57501

2 098765432 Bank Routing Number (9-digit #ABA)

1234567890 **1** Your Bank Account Number

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 Doe	Printed Title Arts Grants Person	Telephone Number 605-123-4567
Signature		Date (mm/dd/yy)

Check the type of account (checking OR savings)

Optional Direct Deposit Information

1 Your Bank Account Number 1234567890	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	2 Bank Routing Number (9-digit ABA #) 098765432	3 Name on Bank Account Jane A Doe
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THIS IS A:

new direct deposit 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.
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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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SAMPLE W-9

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

Submitting a COMPLETE and CORRECT W-9 is the best way to get paid efficiently.

GRANT SUPPORT ONLINE AT

<https://artscouncil.sd.gov/grants/manage2024.aspx>

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.

Legal Name (as entered with IRS) If Sole Proprietorship enter your Last, First MI Doe, Jane A.	Entity Designation (check only one) <u>Required</u> <input checked="" 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 type="checkbox"/> All Other Entities (specify e.g. 501(c)(3), etc.)
Business Name If doing business as (DBA) or enter business name of Sole Proprietorship	Taxpayer Identification Number (TIN) XXX-XX-XXXX
Order Address (where order should be mailed) PO Box or Number and Street, City, State, ZIP + 4 1001 MAIN STREET PIERRE SD 57501	Check Only One <u>Required</u> <input checked="" type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)
Remit Address (where check should be mailed) PO Box or number and street, City, State, ZIP + 4 PO BOX 1001 PIERRE SD 57501	
Exemptions Exempt payee code (if any): Exemption from FATCA reporting code (if any):	

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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 Doe	Printed Title Artist	Telephone Number 605-123-4567
Signature		Date (mm/dd/yy) 08/03/23

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 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.	

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jane.doe@email.com

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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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