

State of Montana
 Department of Administration
 SW9 12/2009



State Accounting Division
 PO Box 200102
 125 North Roberts Street
 Helena, MT 59620
 Phone: 406-444-3092

Taxpayer Identification Number (TIN) Verification

Print or Type

Please see attachment or reverse for complete instructions.

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

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

Primary Address (for 1099 form)
 PO Box or Number and Street, City, State, ZIP + 4

Remit Address (where payment should be mailed, if different from Primary Address) PO Box or Number and Street, City, State, ZIP + 4

Entity Designation (check only one type)

- Corporation
 - S-Corp C-Corp
 - Do you provide medical or legal services?
 - Yes No
- Individual
- Sole Proprietorship
- Partnership
 - General Limited
- LLC (for federal tax purposes taxed as)
 - Individual Partnership
 - Corporation
- Estate/Trust
- Organization Exempt from Tax (under Section 501 (a)(b)(c)(d)(e))
- Government Entity
- Other _____
- Incorporated

Taxpayer Identification Number (TIN) (Provide Only One) (If sole proprietorship provide FEIN, if applicable)

Social Security Number

Federal Employer Identification No

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 backup 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 backup 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

Printed Title

Telephone Number

Signature

Date

Optional Direct Deposit Information (used at agency discretion) (all fields required to receive electronic payments)
(Must Include a Voided Check, No Direct Deposit Slips Accepted)

Your Bank Account Number

- Checking
- Savings

Name on Bank Account

Bank Routing No. (ABA)

THIS IS A:

- New Direct Deposit
- Change of Existing
- Additional Direct Deposit
- Email Change Only

Email Address (Please make this LEGIBLE)

If you provide bank information and an email address, we will send a message notifying you when an electronic payment is issued. We will **NOT** share your email address with anyone or use it for any other purpose than communicating information about your electronic payments to you. **If you have questions about completing this form, please call the Warrant Writer Unit at 406-444-3092.**