



# The State of Arizona Substitute W-9 Form Instructions

The State of Arizona (State), like all organizations that file an information return with the IRS, must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. The State uses the Substitute W-9 Form to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor system and to avoid Backup Withholding as mandated by the IRS. According to IRS regulations, the State must withhold 28% of all payments if a vendor/payee fails to provide the State its certified TIN. The Substitute Form W-9 certifies a vendor/payee's TIN. Any vendor/payee who wishes to do business with the State must complete the Substitute W-9 Form.

**Part 1 - Type of Request:** Select only one.

**Part 2 - Taxpayer Identification Number (TIN):** Enter your nine-digit TIN. The TIN is either your nine-digit Social Security Number (SSN) assigned by the Social Security Administration (SSA) or Employer Identification Number (EIN) assigned by the Internal Revenue Service (IRS).

**Part 3 - Entity Name:** Enter the legal name as it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name. Enter your DBA in the designated line if applicable.

**Part 4 - Entity Type:** Select only one for TIN given.

**Part 5 - Minority Business Indicator:** Select only one for TIN given.

**Part 6 - Veteran Owned Business:** Select only one for TIN given.

**Part 7 - Entity Address:** List the locations for tax reporting purposes and where payments should be mailed.

**Part 8 - Entity Contact Information:** List the contact information.

**Part 9 - Backup Withholding and FATCA Exemptions:** If you are exempt from Backup Withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you.

**Backup Withholding Exemption Codes:** Generally, Individuals (including Sole Proprietors) are not exempt from Backup Withholding. Additionally, Corporations are not exempt from Backup Withholding when supplying legal or medical services. If you do not fall under the categories below, leave this field blank. The following codes identify payees that are exempt from Backup Withholding:

Code 1: An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b) (7) if the account satisfies the requirements of section 401(f) (2)

Code 2: The United States or any of its agencies or instrumentalities

Code 3: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or Instrumentalities

Code 4: A foreign government or any of its political subdivisions, agencies, or instrumentalities

Code 5: A corporation

Code 6: A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States Code 7: A futures commission merchant registered with the Commodity Futures Trading Commission

Code 8: A real estate investment trust

Code 9: An entity registered at all times during the tax year under the Investment Company Act of 1940

Code 10: A common trust fund operated by a bank under section 584(a)

Code 11: A financial institution

Code 12: A middleman known in the investment community as a nominee or custodian

Code 13: A trust exempt from tax under section 664 or described in section 4947

**FATCA Exemption Codes:** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. If you are only submitting this form for an account you hold in the United States, leave this field blank. The following codes identify payees that are exempt from FATCA Reporting:

Code A: An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a) (37)

Code B: The United States or any of its agencies or instrumentalities

Code C: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

Code D: A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

Code E: A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c) (1) (i)

Code F: A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

Code G: A real estate investment trust

Code H: A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

Code I: A common trust fund as defined in section 584(a)

Code J: A bank as defined in section 581 Code K: A broker

Code L: A trust exempt from tax under section 664 or described in section 4947(a) (1)

Code M: A tax-exempt trust under a section 403(b) plan or section 457(g) plan

**Part 10 - Certification:** Please sign, date and provide preparer's name in appropriate space.

# ARIZONA

DEPARTMENT OF ADMINISTRATION  
GENERAL ACCOUNTING

## STATE OF ARIZONA ACH AUTHORIZATION FORM

Original form is preferred. Please contact Vendor.PayAutomation@azdoa.gov if you have questions about the form or setup process.

**DO NOT SUBMIT COMPLETED FORM TO STATE OF ARIZONA AGENCIES. SUBMIT COMPLETED FORM TO:**  
DEPARTMENT OF ADMINISTRATION/GENERAL ACCOUNTING OFFICE

ATTN: VENDOR SETUP  
100 N 15TH AVE, STE 302  
PHOENIX, AZ 85007

Check if DES/DDD Provider

1  
2  
3  
4  
5  
6  
7

<b>Request Type</b> (Select only ONE) <input type="radio"/> New <input type="radio"/> Change <input type="radio"/> Cancellation, Cancellation Reason: <input type="text"/>			
<b>Taxpayer Identification Number (TIN)</b> EIN <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR SSN <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
<b>Legal Name, Address and Contact Information</b>			
Name		Phone	Ext
Address		City	State <input type="text"/> Zip Code
Email Address			
<b>Change Information - FOR CHANGE REQUEST ONLY</b>			
Changing: <input type="checkbox"/> Financial Institution <input type="checkbox"/> Account Type <input type="checkbox"/> Account Number <input type="checkbox"/> Authorized Signers			
Previous Financial Institution: <input type="text"/>		Previous Account Type: <input type="radio"/> Checking <input type="radio"/> Savings	
Previous Account Number: <input type="text"/>			
<b>AUTHORIZATION FOR NEW SETUP, CHANGE(S) OR CANCELLATION</b>			
Pursuit to A.R.S. Sec. 35-185, I authorize the Arizona Department of Administration (ADOA), General Accounting Office (GAO) to process payments owed to me by the State of Arizona (State) via Automated Clearing House (ACH) deposits. The State shall deposit the ACH payments in the financial institution and account designated below. <b>I recognize that if I fail to provide complete and accurate information</b> on this authorization form, the processing of the form may be delayed or made impossible, and my electronic payments may be posted to the wrong account.			
<b>I authorize the State to withdraw from the designated account all amounts deposited electronically in error in accordance with NACHA rules and timelines.</b>			
If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize the State to withhold any payment owed to me by the State until the erroneously deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to the ADOA-GAO. The change or revocation is effective on the day the ADOA-GAO processes the request.			
I certify that I have read and agree to comply with the State's rules governing payments and electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. I consent to, and agree to, comply with these rules even if they conflict with this authorization form.			
I authorize the State to stop making electronic transfers to my account without advance notice.			
I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement and that all information provided is accurate.			
Name		Authorized Signature (Required)	Title
_____		_____	_____
<b>Additional Authorized Signers</b>			
Name		Authorized Signature	Title
_____		_____	_____
Name		Authorized Signature	Title
_____		_____	_____
Addendum record format <input type="radio"/> CTX <input type="radio"/> CCD+ <b>Detailed ACH payment can also be viewed online at <a href="http://venpay.gao.azdoa.gov">http://venpay.gao.azdoa.gov</a>.</b>			
<b>Financial Institution</b>			
Financial Institution Name		Phone	Ext
Address (Optional)		City	State <input type="text"/> Zip Code
Routing Number		Account Number	Account Type <input type="radio"/> Checking <input type="radio"/> Savings
<b>GAO USE ONLY</b>			
Verified and Entered By And Date		Vendor #	Address ID
_____		_____	_____
Entity Contact Verified By		Doc Number Entered	Approved By
_____		_____	_____

# STATE OF ARIZONA ACH AUTHORIZATION FORM INSTRUCTIONS

ORIGINAL FORM IS PREFERRED. ANY REQUEST FOR ACH PAYMENTS INTO MULTIPLE ACH ACCOUNTS WILL BE REVIEWED AND APPROVED ON A CASE-BY-CASE BASIS.

**DO NOT SUBMIT COMPLETED FORM TO STATE OF ARIZONA AGENCIES.  
SUBMIT COMPLETED FORM TO THE GENERAL ACCOUNTING OFFICE FOR REVIEW AND SETUP.**

**SUBMIT COMPLETED FORM TO:**  
DEPARTMENT OF ADMINISTRATION/GENERAL ACCOUNTING OFFICE  
ATTN: VENDOR SETUP  
100 N 15<sup>TH</sup> AVE, STE 302 PHOENIX, AZ 85007

For **AHCCCS Medicaid Providers only** use the following link to self-register EFT/ACH information:

<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/directdeposit.html>

<b>Part 1 - Request Type:</b> Select one.
<b>Part 2 - Taxpayer Identification Number (TIN):</b> Enter your nine-digit TIN. The TIN is either your nine-digit Employer Identification Number (EIN) assigned by the Internal Revenue Service (IRS) or Social Security Number (SSN) assigned by the Social Security Administration (SSA), whichever one is associated with the Legal Name in Part 3.
<b>Part 3 - Legal Name, Address, and Contact Information:</b> Complete all information.
<b>Part 4 - Change Information (Change Request Only):</b> Check all boxes that correspond to the account information being changed.
<b>Part 5 - Authorization:</b> List at least one authorized signer and up to two additional authorized signers. Only an authorized signer is able to authorize new setup and changes.
<b>Part 6 - Financial Information:</b> Complete all information. Address is optional.
<b>Part 7 - General Accounting Office Use Only:</b> Do not complete.