



# STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

**PLEASE SUBMIT FORM TO INVOICED AGENCY**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following boxes:

- Individual  Sole proprietor  C Corporation  S Corporation  Partnership  Trust/Estate
- Non-Profit Entity  Government (Local, State or Federal)
- Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) \_\_\_\_\_
- Other (see instructions) \_\_\_\_\_

**Note:** Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.

4 Exemptions (see instructions): Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

5 Address: \_\_\_\_\_ Remit Address (if different): \_\_\_\_\_

6 City, state, and ZIP code \_\_\_\_\_ City, state, and ZIP code \_\_\_\_\_

### Taxpayer Identification Number (TIN):

Social Security Number (SSN): \_\_\_\_\_ OR Employer Identification Number (EIN): \_\_\_\_\_

### Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.**

Signature of US Person: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Comments or Business/Entity Notes: \_\_\_\_\_

**ACH Enrollment:**  Initial Setup  Change  Close Account

**This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.**

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	<input type="checkbox"/> Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	

This account will be used for all payments by the State of Nebraska unless specified here: \_\_\_\_\_

**E-mail:** \_\_\_\_\_  
(Used for ACH payment notifications.)

Authorized Individual or Entity Signature:	<b>Attachment Required!</b> (Select and attach <b>one</b> of the following items for verification):
Printed Name:	<input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check
Date:	<input type="checkbox"/> Letter from your financial institution
	<input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions

**Internal Use Only:**