Department of Transformation and Shared Services
Governor Sarah Huckabee Sanders
Secretary Joseph K Wood

NON-PURCHASING VENDOR MAINTENANCE REQUEST FORM

Use this form to request vendor maintenance for vendors that cannot be issued a contract or purchase order.

Maintenance Type

Choose one of the three maintenance types listed below. Enter the vendor number if a change or deletion is needed.

- ☐ **Create a new vendor record.**
- ☐ **Specify the vendor number for the account you want changed.** _____
- ☐ **Specify the vendor number for the account you want deleted.** _____

Account Group

☐	**Payroll / Garnishment / Benefit:**	PAYR	• Payments from third-party vendors or garnishments that are processed through AASIS payroll. • Two- to five-digit account number that begins with a B.
☐	**Board:**	BOAR	• Reimbursable accounts for Arkansas board and commission members. • Six-digit account number that begins with a one.
☐	**Worker's Compensation Benefits**	WCBN	• State employee Workers' Compensation claimants and/or their beneficiaries. • Seven-digit account number that begins with a five.
☐	**Executive**	EXEC	• Reimbursable accounts for executives. • Six-digit account number that begins with a twenty-two or twenty-three.

Tax Information

Enter the vendor's federal Employer Identification Number (EIN) if the vendor needs one per the IRS. If the vendor does not need one per the IRS, enter their Social Security Number (SSN).

EIN _____

SSN _____

Vendor Address Information

The vendor must provide a street address and/or PO box address for payment, shipping, and handling.

- If this is a request for a new record, enter the information in the New column.
- For a changed record, enter the prior information in the Previous column and new information in the New column.
- For a deletion, enter the information in the Previous column.

Each of the name fields has a 40-character limit. The street fields have a 60-character limit.

Previous (if requesting change or deletion)

Vendor's Name (Line 1 of W-9)

Vendor's Name Continued

DBA Name (Line 2 of W-9)

DBA Name Continued

Street Address Line 1

Street Address Line 2 (e.g. Building Name)

City

State

Street Address Zip Code

PO Box

PO Box Zip Code

New

Vendor's Name (Line 1 of W-9)

Vendor's Name Continued

DBA Name (Line 2 of W-9)

DBA Name Continued

Street Address Line 1

Street Address 2 (e.g. Building Name)

City

State

Street Address Zip Code

PO Box

PO Box Zip Code

Vendor Contact Information

Salesperson (Optional)

Telephone Number

Fax Number

Email Address

Payment Type

Verify the payment type that you want to use. Direct deposit payments require additional documentation from the vendor.

- ○ **Check or Warrant**
- ○ **Direct Deposit**

Direct Deposit Information

For the option to pay via direct deposit, submit a voided check or bank letter with the following information:

- Account holder's name
- Account number
- Routing number
- Bank official's signature
- Bank official's contact information

Direct Deposit Maintenance Type: ☐ **Add** ☐ **Change** ☐ **Cancel**

Bank Name _____

Bank Routing # _____ **Bank Account #** _____

Account Holder _____

Account Type: ☐ **Checking** ☐ **Savings**

1099 Reportable

See the 1099 Guidelines and Instructions provided by the DFA Office of Accounting.

Exemption Code: Select Option

AASIS Partner Information

Leave these fields blank if you do not have Partner Information. If you use another vendor record for the vendor's address, check Physical Address or Payment Address and provide the vendor number**.**

☐ **Physical Address** ☐ **Payment Address** **Partner Vendor Number** _____

Minority Certification

The Arkansas Economic Development Commission (AEDC), Minority and Women-Owned Business Enterprise (MWBE) division will designate vendors as minority, women-owned, or service-disabled veteran-owned minority business enterprises. If you have questions about this designation or need a designation added/updated, contact the MWBE division of AEDC at VendorMaintenance@ArkansasEDC.com.

Agency Contact Information

Requester's Name _____

Email _____

Telephone # _____ **Fax #** _____

Agency Name _____ **Purchasing Org. #** _____

Agency Address _____

City _____ **State** _____ **Zip Code** _____

Requests for vendor maintenance should be emailed from the Agency Reviewing Official to AASIS-OSP@Arkansas.gov. If the agency has a hard copy of the W-9, scan it and email it as an attachment with this form.

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

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 of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

– –

or

Employer identification number

–

Part II 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 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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Print Form Email Form