CLEAR FORM

STATE OF NEVADA
VENDOR REGISTRATION

STATE CONTROLLER'S OFFICE
1 STATE OF NEVADA WAY
LAS VEGAS NV 89119-4339
PHONE: 702-486-3895

All sections are required. IRS Form W-9 will not be accepted in lieu of this form.

1. NAME For proprietorship, provide proprietor's name in first box and DBA in second box.

Legal Business Name, Proprietor's Name or Individual's Name	Doing Business As (DBA)

2. ADDRESS/CONTACT INFORMATION

Address A ☐ Business Address ☐ Individual's Residence Is this a US Post Office deliverable address? ☐ Yes ☐ No			Address B ☐ Additional Remittance – PO Box, Lockbox or another physical location.		
Address			Address		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Email Address			Email Address		
Phone Number	Fax Number		Phone Number	Fax Number	
Contact Name			Contact Name		

3. ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN) Check only **ONE** organization type and supply the applicable Social Security Number (SSN) or Employee Identification Number (EIN). **For proprietorship, provide SSN or EIN, not both.**

☐ Individual **(SSN)** ☐ Sole Proprietorship **(SSN or EIN)** ☐ Partnership **(EIN)** ☐ Corporation **(EIN)** ☐ Government **(EIN)** ☐ Tax Exempt/Nonprofit **(EIN)** ☐ Trust/estate **(SSN or EIN)**	**LLC** tax classification: ☐ Disregarded Entity ☐ Partnership ☐ Corporation	**SSN** Name associated with SSN: **EIN** New EIN? ☐ No ☐ Yes – Provide previous EIN & effective date. Previous EIN: Date:

OTHER INFORMATION Check **all** that apply:

☐ Doctor or Medical Facility ☐ Attorney or Legal Facility	☐ In-State (Nevada) ☐ DBE Certificate #:	☐ NV Business ID#(ex:NV12345678910)

4. DIRECT DEPOSIT INFORMATION REQUIRED ***All vendors must be paid ACH / Electronically, per state law.***

Complete section **AND** provide: a copy of a voided imprinted check **-or-** a signed letter with bank name, routing number, and account number. **Deposit Slips or WIRE information will not be accepted.** The vendor's name and bank information on this form **must match** the name and bank information on the voided check/signed letter. Allow 10 business days for processing.

ACH / Direct Deposit Information ☐ ☐ ☐		
Bank Name	Bank Account Type ☐ Checking ☐ Savings	Provide **ONE** email address for receiving payment notification:
Routing Number	Bank Account Number	

5. IRS FORM W-9 CERTIFICATION AND SIGNATURE

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 (as defined by IRS Form W-9 rev August 2013).

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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature	Print Name & Title of Person Signing Form	Date

FOR STATE CONTROLLER'S OFFICE USE ONLY
Primary 1099 Vendor ☐ 1099 Indicator ☐ Yes ☐ No
Entered By Date

Name of State agency contact& phone number:
Comments:

Registration Instructions

General Instructions:

1. This Registration form is for the use of United States entities only. Non-US entities must submit a Foreign Vendor Registration & IRS Form W-8.

2. Type or **legibly** print all information except for signature.

3. All sections are mandatory and require completion.

Specific Information:

1. NAME

a. Partnership, Corporation, Government or Nonprofit – Enter legal business name as registered with the Internal Revenue Service (IRS) in first box. If the company operates under another name, provide it in the second box.

b. Proprietorship – Enter the proprietor's name in the first box and the business name (DBA) in the second box.

c. Individual – Name must be as registered with the Social Security Administration (SSA) for the Social Security number (SSN) listed in Section 3.

2. ADDRESS/CONTACT INFORMATION

a. Address A – *If the address is non-deliverable by the United States Postal Service, complete both Address A and B sections.*

Company – Provide physical location of company headquarters.

Individual – Provide physical location of residence.

E-mail – Provide a valid e-mail address.

Telephone Number – Include area code.

Fax Number – Include area code.

Primary Contact – Person (and phone number or extension) to be contacted for payment-related questions or issues.

b. Address B – Provide additional remittance address and related information when appropriate.

3. ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN OR EIN)

a. Individual – A person that has no association with a business.

b. Proprietorship – A business owned by one person.

c. Partnership – A business with more than one owner and not a corporation.

d. Corporation – A business that may have many owners with each owner liable only for the amount of his investment in the business.

e. LLC – Limited Liability Company. ***Must mark appropriate classification – disregarded entity, partnership or corporation.***

f. Government – The federal government, a state or local government, or instrumentality, agency, or subdivision thereof.

g. Tax Exempt/Nonprofit – Organization exempt from federal income tax under section 501(a) or 501(c)(3) of the Internal Revenue Code.

h. Doctor or Medical Facility – Person or facility related to practice of medicine.

i. Attorney or Legal Facility – Person or facility related to practice of law.

j. In-state – Nevada entity.

k. Disadvantaged Business Enterprise (DBE) – A small business enterprise that is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals. ***Provide certification number.*** See http://www.nevadadbe.com for certification information.

l. NV Business ID number issued by NV Secretary of State (ex: NV20110123456) .

m. The Taxpayer Identification Number (TIN) is always a 9-digit number. It will be a Social Security Number (SSN) assigned to an individual by the SSA or an Employer Identification Number (EIN) assigned to a business or other entity by the IRS. ***Per the IRS, use the owner's social security number for a proprietorship.***

4. ELECTRONIC FUNDS TRANSFER

Per NRS 227, payment to all payees of the State of Nevada will be electronic. Provide a copy of a voided imprinted check or restate bank information on signed letterhead. ***Deposit slip or wire information will not be accepted.*** All information on this form and the supporting documentation **must match**.

a. Bank Name – The name of the bank where account is held.

b. Bank Account Type – Indicate whether the account is checking or savings.

c. Transit Routing Number – Enter the 9-digit Transit Routing Number for automatic/direct deposit or ACH.

d. Bank Account Number – Enter bank account number including 0's if any.

e. Direct Deposit Remittance Advice – payment information is sent via e-mail. Companies should provide an e-mail address that will not change. Example: accounting@business.com.

5. IRS FORM W-9 CERTIFICATION AND SIGNATURE

a. The Certification is copied from IRS Form W-9 (rev. August 2013). See IRS Form W-9 for further information.

b. The Signature should be provided by the individual, owner, officer, legal representative or other authorized person of the entity listed on the form.

c. Print the name and title, when applicable, of the person signing the form.

d. Enter the date the form was signed. Forms over 60 days old will not be processed.

Do not complete any remaining areas. They are for State of Nevada use only.

Mail Signed Form to:

1 State of Nevada Way

Las Vegas, NV 89119

DROP-OFF BY APPOINTMENT ONLY

For an appointment, email vendordesk@sco.nv.gov