

# 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:** (Rev. December 2014)  
  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>
Printed Name:	(Select and attach <b>one</b> of the following items for verification):
Title:	<input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check
Date	<input type="checkbox"/> Letter or statement from your financial institution
	<input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions

**Internal Use Only:**