State of South Dakota
Department of Executive Management
BFM-0001 (03/2006)

South Dakota Dept of Agriculture
Animal Industry Board
411 South Fort St
Pierre SD 57501
Send faxes to: 605-773-5459

Substitute **W-9**

DO NOT send to IRS

Taxpayer Identification Number (TIN) Verification

Print or Type
Please see attachment or reverse for complete instructions.

Legal Name
(as entered with IRS) **If Sole Proprietorship enter your Last, First MI**

Trade Name
If doing business as (DBA) or enter business name of Sole Proprietorship

Order Address (where orders should be mailed)
PO Box or Number and Street, City, State, ZIP + 4

Remit Address (where checks should be mailed, if different from Order address) PO Box or number and street, City, State, ZIP + 4

Entity Designation (check only one) *Required*

- ☐ Individual / Sole Proprietor
- ☐ Partnership
- ☐ Corporation (includes service corporations)
- ☐ Limited Liability Company - Partnership
- ☐ Limited Liability Company – Corporation
- ☐ Governmental Entities
- ☐ Hospital Exempt from Tax or Government Owned
- ☐ Long Term Care Facility Exempt from Tax or Government Owned
- ☐ Other Entities (specify, e.g., 501(c)(3), etc): _____

Taxpayer Identification Number (TIN)
If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester. *Required*

___ ___ ___ ___ ___ ___ ___ ___ ___

Check Only One *Required*

- ☐ Social Security Number (SSN)
- ☐ Employer Identification Number (EIN)
- ☐ Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)

Certification
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, AND
2. I am not subject to back up 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 back up 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.
3. I am a U.S. person (including a US resident alien).

Printed Name	Printed Title	Telephone Number ( )
Signature		Date (mm/dd/ccyy)

Optional Direct Deposit Information

Your Bank Account Number	☐ checking ☐ savings	Name on Bank Account	Bank Routing No. (9-digit ABA #)

THIS IS A:
☐ new direct deposit ☐ change of existing ☐ additional direct deposit ☐ email change only

Optional e-mail address (Please make this LEGIBLE)

If you provide an email address you will be sent electronic notification when a payment is issued. You will also receive a PIN for use when logging into the SD Vendor Self Service website at http://www.state.sd.us/bfm/vendor. We will **NOT** share your email address with anyone or use it for any other purpose than communicating information about your payments to you.

Instructions for Completing Taxpayer Identification Number Verification (Substitute W-9)

Legal Name As entered with IRS

Individuals: Enter Last Name, First Name MI
Sole Proprietorships: Enter Last Name, First Name MI
All Others: Enter Legal Name of Business

Trade Name

Individuals: Leave Blank
Sole Proprietorships: Enter Business Name
All Others: Complete only if doing business as a DBA

Order Address

Address where orders should be sent.

Remit Address

Address where checks should be sent.

Entity Designation

Check *ONE* box which describes the type of business entity.

Taxpayer Identification Number

LIST ONLY ONE: Social Security Number OR Employer Identification Number *OR* Individual Taxpayer Identification Number.

If you do not have a TIN, apply for one immediately. Individuals use federal form SS-05 which can be obtained from the Social Security Administration. Businesses and all other entities use federal form SS-04 which can be obtained from the Internal Revenue Service.

Certification

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.

Privacy Act Notice

Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.

Taxpayer Identification Request

In order for the State of South Dakota to comply with the Internal Revenue Service regulations, this letter requests that you complete the enclosed Substitute Form W-9. Failure to provide this information may result in delayed payments or backup withholding. This request is being made at the direction of the South Dakota Bureau of Finance and Management in order that the State may update its vendor file with the most current information.

Please return or FAX the Substitute Form W-9 even if you are exempt from backup withholding within (10) days of receipt. Please make sure that the form is complete and correct. **Failure to respond in a timely manner may subject you to a 28% withholding on each payment or require the State to withhold payment of outstanding invoices until this information is received.**

We are required to inform you that failure to provide the correct Taxpayer Identification Number (TIN) / Name combination may subject you to a $50 penalty assessed by the Internal Revenue Service under section 6723 of the Internal Revenue Code.

Only the individual's name to which the Social Security Number was assigned should be entered on the first line.

The name of a partnership, corporation, club, or other entity, must be entered on the first line exactly as it was registered with the IRS when the Employer Identification Number was assigned.

DO NOT submit your name with a Tax Identification Number that was not assigned to your name. For example, a doctor MUST NOT submit his or her name with the Tax Identification Number of a clinic he or she is associated with.

Thank you for your cooperation in providing us with this information. Please return the completed form to or fax to:

SD Animal Industry Board
411 S Fort Street
Pierre, SD 57501

Phone: 605-773-3321
Fax: 605-773-5459