

# Applying for a Statewide Vendor Number User Guide

## Payment Type: For Facilities/Sites

**NOTE:** This is a user guide intended to serve as instructions to help you complete the [Provider Registration Form](#). This is **not** the actual Provider Registration Form, which must be [filled out here](#).

### Early Achievers Quality Improvement Award or Needs-Based Grants:

- Requires a Facility/Site SWV
- The SWV is connected to an Employer Identification Number (EIN)

## Instructions

### Part A: Contact Details

PART A – Contact Details	
Contact Name: _____	Telephone: (____) _____ - _____
Mailing Address: <b>EXAMPLE</b>	
City, State, Zip: _____	
Email: _____	

- This section asks for the governing person or designated representative contact information in case DCYF needs to get ahold of you.
- The mailing address is where the payment check will be sent.
- This address must be filled out and must match your address in the MERIT Workforce Registry. If your address needs to be updated, complete the update before completing this form.

### Part B: Vendor/Payee Registration (Facilities/Sites)

PART B – Vendor/Payee Registration		
Substitute Form W-9	<b>Request for Taxpayer Identification Number and Certification</b>	Rev. 2-2020
1. Legal Name (as shown on your income tax return) <b>EXAMPLE</b>		
2. Business Name, if different from Legal Name above - e.g. Doing Business As (DBA) Name		
3. Check <b>ONLY ONE</b> box below		
<input type="checkbox"/> Corporation (Including S-Corp, LLC S-Corp and LLC-Corp)	<input type="checkbox"/> Individual/Sole Proprietor (Including LLC-Sole Proprietor)	<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> Partnership	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Tax Exempt Organization
	<input type="checkbox"/> Board/Committee Member	<input type="checkbox"/> Trust/Estate
		<input type="checkbox"/> Local Government
		<input type="checkbox"/> State Government
		<input type="checkbox"/> Federal Government (Including Tribal)

1. **Legal Name:** Name must match legal business name. (If there is a sole proprietor, this name must match what is on social security card).
2. **Business Name:** Name must match “Doing Business As” (DBA) name.
3. **Check ONLY ONE Box Below:** Choose the appropriate business type for your facility/site. Selection must match the type of business entity you registered with DOR and IRS.



<b>4. For Corporation or Partnership ONLY, check one box below if applicable</b> <input type="checkbox"/> Medical <input type="checkbox"/> Attorney/Legal	<u>SSPS # (if known)</u> ★										
<b>5. Legal Address</b> (number, street, and apt. or suite no.) <i>This should be the address on file with the IRS.</i>	<u>MERIT PROVIDER # (if known)</u> ★										
<b>6. City, State, and ZIP code</b>	<u>MERIT STARS # (if known)</u>										
<div style="font-size: 48px; color: red; font-weight: bold; opacity: 0.5;">EXAMPLE</div>											
<b>7. Tax Identification Number (TIN) PLEASE CHECK ONE</b> Enter your EIN OR SSN in the box to the right (do NOT enter both) <input type="checkbox"/> For individuals, this is your social security number (SSN) <input type="checkbox"/> For other entities, it is your employer identification number (EIN)	<b>Taxpayer Identification Number</b> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										

- 4. For Corporation or Partnership ONLY:** Choose the appropriate selection for your facility/site.  
★ **If applying for a Facility Award: Only fill out the SSPS # or the MERIT Provider #.**
- 5. Legal Address:** This address must be the address listed as the physical business location. If your address needs to be updated, complete the update before completing this form.
- 6. City, State, and ZIP code:** This address must be the address listed as the physical business location. If your address needs to be updated, complete the update before completing this form.
- 7. Tax Identification Number (TIN):** If you're applying for a facility/site payment (Early Achievers Quality Improvement Award or a Needs-Based Grant), check the box "For other entities" and write your Employer Identification Number (EIN). If you are a sole proprietor and do not have an assigned EIN or use your SSN.

<div style="font-size: 48px; color: red; font-weight: bold; opacity: 0.5;">EXAMPLE</div>	
<u>SIGNATURE of U.S. PERSON (No electronic, stamped or inserted signatures)</u>	<u>Date</u>

**8. Certification:** Read carefully and sign/date with pen.