

Applying for a Statewide Vendor Number User Guide

Payment Type: For Individuals

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](#).

Education Award or Training Reimbursement

- Requires an individual Statewide Vendor Number (SWV)
- The SWV is connected to an individual's Social Security Number (SSN)

Instructions

Part A: Contact Details

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

- This section is for your contact information in case DCYF needs to get ahold of you.
- The mailing address is where the payment check will be sent. This 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 (Individuals)

PART B – Vendor/Payee Registration		
Substitute Form W-9	Request for Taxpayer Identification Number and Certification	Rev. 2-2020
1. Legal Name (as shown on your income tax return) EXAMPLE		
2. Business Name, if different from Legal Name above - e.g. Doing Business As (DBA) Name		
3. Check ONLY ONE 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 social security card.
2. **Business Name:** Do not fill out this section.
3. **Check ONLY ONE Box Below:** If you're applying for an individual award (Education Award or Training Reimbursement) check "Individual/Sole Proprietor (Including LLC-Sole Proprietor)".

4. For Corporation or Partnership ONLY, check one box below if applicable <input type="checkbox"/> Medical <input type="checkbox"/> Attorney/Legal		SSPS # (if known)										
5. Legal Address (number, street, and apt. or suite no.) <i>This should be the address on file with the IRS.</i>		MERIT PROVIDER # (if known)										
6. City, State, and ZIP code		MERIT STARS # (if known) ★										
7. Tax Identification Number (TIN) PLEASE CHECK ONE 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)		Taxpayer Identification Number <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										

EXAMPLE

- 4. **For Corporation or Partnership ONLY:** Do not fill out this section.
- 5. **Legal Address:** This must be filled out and match your address in the MERIT Workforce Registry. If your address needs to be updated, complete the update before completing this form.
- 6. **City, State, and ZIP code:** This must be filled out and match your address in the MERIT Workforce Registry. If your address needs to be updated, complete the update before completing this form.
- ★ **If applying for an Education or Training Reimbursement: Only fill out the MERIT STARS #.**
- 7. **Tax Identification Number (TIN):** If you're applying for an individual award (Education Award or Training Reimbursement) check "For individuals" and write your SSN in the section.

EXAMPLE	
SIGNATURE of U.S. PERSON (No electronic, stamped or inserted signatures)	Date

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