STATE OF NEW HAMPSHIRE
ALTERNATE W-9 FORM

PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

VENDOR # _____
(Assigned by Purchase & Property)

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 28% withholding on each payment made to you. To avoid this 28% withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

If a service provider is a part of a GROUP PRACTICE, it is the group name & TIN which is required on this Alternate W-9.
If the service provider is a SOLE PROPRIETOR, it is the individual name & TIN which is required on this Alternate W-9.

BUSINESS NAME: _____

Doing Business As Name: _____

PAYMENT ADDRESS: _____

CITY/TOWN: _____ **STATE:** _____ **ZIP:** _____

BUSINESS ADDRESS: _____

CITY/TOWN: _____ **STATE:** _____ **ZIP:** _____

TAXPAYER IDENTIFICATION NUMBER (TIN) as used on IRS tax return

Social Security # (SSN): _____ **Fed ID # (EIN/FIN):** _____

PRINCIPAL ACTIVITY

☐ Service Provider ☐ Product/Merchandise Provider ☐ Other Provider

List the principal type of service, product or other that is provided: _____

DESIGNATION (select ONLY THOSE which apply to you/your organization as provided to the IRS)

☐ Individual/Sole-Proprietor	☐ Corporation (S)	☐ Government
☐ LLC (C Corporation)	☐ Corporation (C)	☐ Medical or Health Care Services
☐ LLC (S Corporation)	☐ Partnership	☐ Legal Services
☐ LLC (P Partnership)	☐ Estate or Trust	☐ Non-Profit

EXEMPTIONS: _____ Exemption from FATCA reporting: _____

Under penalty of perjury, I declare that the information provided is true, correct & complete, to the best of my knowledge & belief.

NAME & TITLE (print or type): _____

TELEPHONE #: _____ **CELL PHONE #:** _____ **FAX #:** _____

SIGNATURE: _____ **DATE:** _____

Website: _____ **E-Mail (Main Office):** _____

PLEASE RETURN WHEN COMPLETED TO:

(Email) PRCHWEB@NH.GOV
(Phone) 603-271-2201
(FAX) 603-271-2700
www.admin.state.nh.us/purchasing

DIVISION OF PLANT & PROPERTY MGMT
BUREAU OF PURCHASE & PROPERTY
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25 CAPITOL ST
CONCORD NH 03301