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| *NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> | *FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> |
| REMIT TO NAME/ADDRESS IF DIFFERENT THAN ABOVE <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> | *TYPE OF ENTITY <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Individual <input type="checkbox"/> State Employee <input type="checkbox"/> Other _____ |
| HAVE YOU OR AN IMMEDIATE FAMILY MEMBER EVER SERVED IN THE U.S. ARMED FORCES? <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> | * NEW TO DOING BUSINESS WITH THE STATE OF MISSOURI? <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> |
| IF YES, WOULD YOU LIKE INFORMATION ABOUT MILITARY-RELATED SERVICES IN MISSOURI? <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> | * IF NO, UPDATING EXISTING INFORMATION? <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> |
| COMMENTS <div style="border-bottom: 1px solid black; height: 100px; margin-top: 10px;"></div> | I HAVE RECEIVED A PAYMENT FROM THE STATE OF MISSOURI WITHIN THE LAST 22 MONTHS? <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> |
| TO BE COMPLETED BY FINANCIAL INSTITUTION | |
| NAME/ADDRESS OF FINANCIAL INSTITUTION <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> | <input type="checkbox"/> I (We) hereby authorize the State of Missouri, to initiate credit entries to my (our) account at the depository financial institution named and to credit the same such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law. This authorization is to remain in full force and effect until the State of Missouri, Office of Administration, has received written notification from me (us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it. |
| DEPOSITOR ROUTING NUMBER <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> | <input type="checkbox"/> I (We) hereby cancel my (our) ACH/EFT authorization. |
| DEPOSITOR ACCOUNT NUMBER <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> | *VENDOR SIGNATURE <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">X</div> |
| NAME ON ACCOUNT <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> | *PRINT NAME <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> |
| TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | *TITLE <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> |
| SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> | EMAIL ADDRESS <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> |
| PRINT NAME <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> | *TELEPHONE <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> |
| TITLE <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> | *DATE <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> |
| TELEPHONE NUMBER <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> | DATE <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> |
| CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS) Under penalties of perjury, I certify that: I. 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 II. I am not subject to backup 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 backup 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, and III. I am a U.S. person (including a U.S. resident alien). Certification instructions. You must cross out item II 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 all real estate transactions, item II 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. (See W-9 Instructions on irs.gov website for more information.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. | |
| SIGNATURE <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> | |

VENDOR INPUT FORM INSTRUCTIONS

The purpose of this form is to add a vendor record or to make changes to a vendor record. A vendor is a person or business being paid by the State of Missouri.

THESE FIELDS ARE REQUIRED TO BE COMPLETED FOR ALL CIRCUMSTANCES.

Enter NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN.

Enter the FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER that is used for income taxes for the name entered.

Check the correct TYPE OF ENTITY.

Wet signature is required at VENDOR SIGNATURE along with PRINT NAME, TITLE, TELEPHONE, and DATE.

CONDITIONAL FIELDS

If payments are to be sent to a different address, enter a REMIT TO NAME/ADDRESS.

If purchase orders are to be sent to a different address, enter a PURCHASE ORDER NAME/ADDRESS.

If you are making a change to your vendor record, fill out these additional fields:

DATE OF CHANGE is the effective date of the change in business structure/activity

PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER

PREVIOUS NAME

PREVIOUS ADDRESS

COMMENTS are for additional information that may be helpful including reason for the change.

TO SET UP OR TO CHANGE DIRECT DEPOSIT INFORMATION, FILL IN THE FOLLOWING, INCLUDING THE REQUIRED FIELDS FROM ABOVE.

NAME/ADDRESS OF FINANCIAL INSTITUTION where you want the money to be deposited. A representative from the financial institution must complete and sign this section. This must be a wet signature.

Check appropriate box for electronic deposits.

If changing bank account information, fill in DATE OF CHANGE.

CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)

This certifies that the Taxpayer Identification Number (TIN) on this form is the correct number and whether backup withholding applies.

Fax to (573) 526-9813 or mail to Office of Administration/Accounting, PO Box 809, Jefferson City, MO 65102.