



Vendor Information (Substitute W-9)

* Indicates Required Fields

Contact Information

Agency contact - your caseworker

Phone number

Fax Information

Oklahoma Department of Human Services - 830

Date To

Finance Division Claims (405) 522-2082

This form is required for all first time Oklahoma Department of Human Services (OKDHS) vendors or for vendor information changes.

Vendor Information

Contact - you

Phone number

Fax number

Toll free number

Email

Name (Important - please see instructions) - you

State agency number (if applicable)

Business type

Individual Sole proprietor Corporation Partnership Noncorp. government

Business name, if different from above. Payment is made to this name.

Primary address - physical address

City

State

*Zip code + four digits

Payment address - physical address, unless alternate mailing address desired - such as PO Box

City

State

Zip code

Taxpayer Information

FEI (EIN)

or SSN

Exempt from backup withholding Yes No

over

Certification instructions. You **must** cross out item **b.** if the Internal Revenue Service (IRS) notified you that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and payments other than interest and dividends, you are not required to sign this form, but you must provide your correct taxpayer identification number (TIN).

Certification under penalties of perjury, I certify that:

- a. the number shown on this form is my correct taxpayer identification number;
- b. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding;
 - b. I have not been notified by the 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
- c. I am a United States (U.S.) citizen or a U.S. resident alien.

Signature of U.S. citizen or U.S. resident alien

Date

State Office Use Only

OSF Vendor Maintenance
(405) 521-3383
DCAR Transaction Processing Non-registered vendors