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: ___________________________ ___________________________
DOBIZINESS 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: ______________ Reimbursement of Administrative Fees

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
STATE HOUSE ANNEX – ROOM 102
25 CAPITOL ST
CONCORD NH 03301