

Statewide Payee Registration for Washington State Department of Labor and Industries

Non-MIPS

Please read the following instructions before completing the form:

- The legal name on both pages must match each other and be the legal name on file with the IRS.
- Please use **dark blue** or **black ink** when signing and filling out the form by hand.
- Please fill out **both pages** of this form in their entirety, even if some information has not changed.
- A 9-digit US taxpayer identification number (either SSN or EIN) is required on **both** pages.

Statewide Vendor Number (if known):

If you know your Statewide Vendor Number, enter it here: SWV

STEP 1: Enter information about the payee and contact person

Legal Name (as shown on your income tax return)	SSN OR EIN
Business Name, if different from Legal Name above – e.g. Doing Business As (DBA) Name	Contact Person
Payment Address (number, street, and apt. or suite no. or P.O. Box)	Contact Telephone Number
City, State, and Zip Code	Contact Fax Number
Email to receive Statewide Vendor Number and payment notifications	For L&I Use Only: 2350 / Accts Payable / Int / Kris Kulbitsky L&I # / System / Ownership / L&I Provider #
Type of Business (if non-profit or tax exempt, submit determination letter)	

STEP 2: Select Payment Option:

Direct Deposit to bank (recommended) Check in US mail (terminates any previous banking information on file)

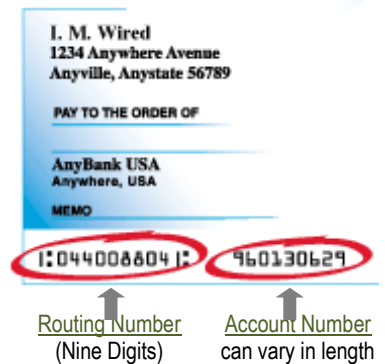
If direct deposit is checked, complete STEP 4.

STEP 3: For Direct Deposit, complete all fields below and sign

Financial Institution Name – must be a US institution	Financial Institution Phone Number
Routing Number – see example at right	Account Number – see example at right

This account is: Checking or Savings (will default to checking if no option is selected)

Account Type: PPD (Personal) or CCD (Corporate/Business)



Authorization for Direct Deposit:

I hereby authorize and request the Office of Financial Management (OFM) and the Office of the State Treasurer (OST) to initiate credit entries for payee payments to the account indicated above, and the financial institution named above is authorized to credit such account. I agree to abide by the National Automated Clearing House Association (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, OFM and OST may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that if a reversal action is required, OFM will notify this office of the error and the reason for the reversal. This authority will continue until such time OFM and OST have had a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.

Authorized Representative (Please Print)	Title
SIGNATURE of Authorized Representative	Date

STEP 3: REQUIRED – Complete and sign the Request for Taxpayer Identification Number (W-9)

Substitute Form W-9	Request for Taxpayer Identification Number and Certification																		
1. Legal Name (as shown on your income tax return)																			
2. Business Name, if different from Legal Name above – eg. Doing Business As (DBA) Name																			
3. Check ONLY ONE box below (see W-9 instructions for additional information)																			
<input type="checkbox"/> Individual/Sole Proprietor (Including LLC-Sole Proprietor) <input type="checkbox"/> Volunteer <input type="checkbox"/> Board/Committee Member	<input type="checkbox"/> Corporation (Including LLC-Corporation, S-Corp, and LLC S-Corp) <input type="checkbox"/> Partnership (Including LLC-Partnership)																		
<input type="checkbox"/> Non Profit Organization <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Trust/Estate	<input type="checkbox"/> Local Government <input type="checkbox"/> State Government <input type="checkbox"/> Federal Government (Including Tribal)																		
4. For Corporation or Partnership ONLY , check one box if applicable: <input type="checkbox"/> Medical <input type="checkbox"/> Attorney/Legal																			
5. Address (number, street, and apt. or suite no.)	For Office Use Only The Legal Name, Address, and TIN must be filled in completely and the document signed for the forms to be accepted.																		
6 City, State, and ZIP code																			
7. Taxpayer Identification Number (TIN) Enter your EIN <u>OR</u> SSN in the appropriate box to the right (do not enter both) For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). NOTE: The EIN or SSN must match the Legal Name as reported to the IRS. For a resident alien, sole proprietor, or disregarded entity, or to find out how to get a Taxpayer Identification Number, see the W9 Instructions. If the account is in more than one name, see the W9 Instructions for guidelines on whose number to enter.																			
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8. Certification Under penalty of perjury, I certify that: <ul style="list-style-type: none"> • 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 • 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 • I am a U.S. person (including a U.S. resident alien). (For additional information about the W-9 see the W-9 Instructions.)																			
SIGNATURE of U.S. PERSON	Date																		

No stamped or electronic signature will be accepted.

STEP 4: Submit to ONE of the following

Please allow up to 7 business days for processing of this paperwork from the day we receive it.

If adding or changing direct deposit information, up to 10 additional business days may be needed for your financial institution to verify your information.

For fastest service, PRINT, SIGN, SCAN, and EMAIL to: kulk235@Lni.wa.gov

If you do not have scanning ability, you may fax to : 360-902-6990

Or mail to:

Labor & Industries
 Accounts Payable
 PO Box 44836
 Olympia WA 98504-4836