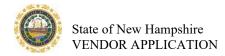


BUSINESS NAME/ADDR	ESS LOCATION							
Legal Entity Name:								
Doing Business As Name:								
Payment Address:								
City/Town:	STATE: ZI	P: COUNTRY:						
Business Address:								
City/Town:	STATE: ZI	P: COUNTRY:						
Telephone #:	Cell Phone #:	FAX #:						
Contact Person:	Website:	E-Mail (Main Office):						
		cessing@treasury.nh.gov or visit their website at <u>Department of</u> vendor must be completed prior to contacting.						
YPE OF BUSINESS lote: Registration with the NH Secretary of State <u>MUST</u> be done <u>prior</u> to the awarding of any contracts) <u>Secretary of State Corporate Division Registration</u> (603) '1-3244								
Registered with NH Secretary of	State? YESNO							
Select the appropriate designation	ns for your Entity:							
Minority Institutions	Minority Owned Large Business	Minority Owned Small Business						
Disabled Veteran Business	Svs Disabled Veteran Owned	Veteran Owned Small Business						
Physically Challenged Bus	SBA Cert Fin Disadvantaged Bus	SBA Cert Hist Underutilized Bus						
Historically Black Colleges	Women Owned Sm Bus	Women Owned Large Businesses						
Small Business	SBA Cert Sm Disadvantaged Bus							
SIGNATURE BLOCK								
I certify the above information to be correct and grant authorization to the State of New Hampshire to investigate any and all facts contained therein, including facility visitation.								
Name and Title (print or typ	<u>be</u>):							
Signature:		Date:						
RETURN ADDRESS								
KETOKN ADDRESS								

(Phone) 603-271-2201 (Fax) 603-271-2700 prch.web@das.nh.gov http://das.nh.gov/purchasing DIVISION OF PROCUREMENT & SUPPORT SERVICES BUREAU OF PURCHASE AND PROPERTY STATE HOUSE ANNEX, ROOM 102 25 CAPITOL STREET CONCORD NH 03301-6398



Rev 7-20-2023 VENDOR #_____ (Assigned by Purchase & Property)

STATE OF NEW HAMPSHIRE ALTERNATE W-9 FORM

PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

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 24% withholding on each payment made to you. To avoid this 24% withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

STATE:	ZIP:	COUNTRY:			
STATE:	ZIP:	COUNTRY:			
Cell Phone #:	hone #:		FAX #:		
Website:	e:E-Mail		il (Main Office):		
BER (TIN) as	s used on IRS tax return	1			
	Fed ID # (EIN/FIN):				
Produ	act/Merchandise Provid	ler	Other Provider		
other that is pr	ovided:				
	Legal Services		1099 Grant Reportable		
hich apply to y	ou/your organization a	s provided to the	e IRS)		
	Corporation (S)		Government		
	Corporation (C)		Travel/Intern		
			Refund/Reimbursement		
	_		Tax-Exempt		
]	n from FATCA 1	-		
-	-		-		
CELL PHONE	E #:	FAX #:			
			ORT SERVICES		
STAT	STATE HOUSE ANNEX – ROOM 102				
	25 CAPITOL ST				
	STATE: STATE: Cell Phone #: Website: BER (TIN) as Produ other that is pro- provided is true, c CELL PHONE CELL PHONE D: DIVI BUR STATE:	STATE: ZIP: STATE: ZIP: Cell Phone #: E BER (TIN) as used on IRS tax return Fed ID # Product/Merchandise Provid other that is provided: Product/Merchandise Provid other that is provided: Egal Services hich apply to you/your organization at Corporation (S) Corporation (C) Partnership Estate or Trust Estate or Trust Exemption provided is true, correct & complete, to the best CELL PHONE #: CELL PHONE #: DATE: Website: DIVISION OF PROCUREM BUREAU OF PURCHASE STATE HOUSE ANNEX –	STATE: ZIP: COUNT STATE: ZIP: COUNT Cell Phone #: FAX #: Website: E-Mail (Main Of BER (TIN) as used on IRS tax return Fed ID # (EIN/FIN): Product/Merchandise Provider Product/Merchandise Provider other that is provided: Fed ID # (EIN/FIN): Image: Services Image: Services Image: Services		