

IOWA UTILITIES BOARD

INSTRUCTIONS FOR COMPLETING SUBSTITUTE W-9/VENDOR UPDATE FORM

If you are requesting payment (including Iowa Weatherization Challenge (IWC) grant funds) from the IUB as an entity other than an individual, this form should be completed by your business office, treasurer, or accountant.

In order for the State of Iowa to pay you or disburse funds to you and to comply with the Internal Revenue Service (IRS) regulations on reporting these payments, we need the following information. **Failure to provide this information will result in withholding of payment (including IWC grant funds).**

The IRS states: "Taxpayer Identification Numbers (TINs) are used to associate and verify amounts reported to the IRS with corresponding amounts on tax returns." The TIN for individuals is the social security number. For other recipients, it is the Employer Identification Number (EIN), except for sole proprietors. Sole Proprietors may enter their EIN; however, the IRS prefers you use your SSN.

The attached Substitute W-9/Vendor Update Form should be completed using the following guidelines:

Individual: (Complete Box A)

Check yes next to [I] - Individual
Social Security Number
First & Last Name
Address

Sole Proprietor: (Complete Box A)

Check yes next to [S] – Sole Proprietor
Social Security Number or EIN
First & Last Name (person who holds the SS#)
Doing Business as (DBA) (if different than First & Last Name)
Address

All Others: (Complete Box B)

Check appropriate classification (as filed with IRS)
Employer Identification Number (EIN) that you received from the IRS
Phone & Fax Numbers
Legal Name of Firm (this must be exactly as you have filed with the IRS)
Doing Business As (DBA):

Complete this line only if the name under which you are conducting business is different than the legal name listed above. Example: If another firm has agreed that you may operate under its EIN, you would complete the names as follows:

Metro Hospital (this is the legal name)
DBA Metro EMS

Address

If you are unsure of the correct Employer Identification Number, classification, or legal name, please contact your accountant or Iowa Department of Revenue and Finance Taxpayer Services at 515-281-3114 or 1-800-367-3388.

All Substitute W-9/Vendor Updates Forms must be signed and dated by the individual or by a representative of the company. The completed form should be mailed to:

Accounting Office
Iowa Utilities Board
350 Maple Street
Des Moines, Iowa 50309-0069

If the W9 is being submitted in conjunction with the Iowa Weatherization Challenge, please send the completed W9 with the Grant Application.

