

Applying for a Statewide Vendor Number User Guide

Payment Type: For Individuals

NOTE: This is a user guide intended to serve as instructions to help you complete the [Provider Registration Form](#). This is **not** the actual Provider Registration Form, which must be [filled out here](#).

Education Award or Training Reimbursement

- Requires an individual Statewide Vendor Number (SWV)
- The SWV is connected to an individual's Social Security Number (SSN)

Instructions

Part A: Contact Details

PART A – Contact Details

Mailing Address:

City, State, Zip:

Contact Name:

Telephone Number:

Email Address:

SSPS # (if known): Merit Provider # (if known): Merit Stars # (if known): *

EXAMPLE

- This section is for your contact information in case DCYF needs to get ahold of you.
- The mailing address is where the payment check will be sent. This must be filled out and must match your address in the MERIT Workforce Registry. If your address needs to be updated, complete the update before completing this form.
- ***If applying for an Education or Training Reimbursement: Only fill out the MERIT STARS #.**

Part B: Vendor/Payee Registration (Individuals)

PART B – Provider Registration

Request for Taxpayer Identification Number and Certification – Substitute Form W-9

1. **Legal Name** (as shown on your income tax return):

2. **Business Name, if different from Legal Name above – e.g., Doing Business As (DBA) Name:**

3. **Check ONLY ONE box:**

<input type="checkbox"/> Individual/Sole Proprietor (Including LLC-Sole Proprietor)	<input type="checkbox"/> Board/Committee member	<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> Corporation (Including S-Corp, LLC S-Corp and LLC-Corp)		<input type="checkbox"/> Local Government
<input type="checkbox"/> State Government	<input type="checkbox"/> Federal Government (including Tribal)	<input type="checkbox"/> Tax Exempt Organization
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Partnership (Includes LLC)	<input type="checkbox"/> Trust/Estate

EXAMPLE

1. **Legal Name:** Name must match social security card.
2. **Business Name:** Do not fill out this section.
3. **Check ONLY ONE Box:** If you're applying for an individual award (Education Award or Training Reimbursement) check "Individual/Sole Proprietor (Including LLC-Sole Proprietor)".

4. For Corporation or Partnership ONLY, check one box below if applicable:

Medical Attorney/Legal

5. Legal Address (number street and apt or suite no) This should be the address on file with the IRS:

6. City, State, Zip:

7. Tax Identification Number (TIN) PLEASE CHECK ONE

For individuals, this is your social security number (SSN)
 For other entities, this is your employer identification number (EIN)

EXAMPLE

- 4. **For Corporation or Partnership ONLY:** Do not fill out this section.
- 5. **Legal Address:** This must be filled out and match your address in the MERIT Workforce Registry. If your address needs to be updated, complete the update before completing this form.
- 6. **City, State, and ZIP code:** This must be filled out and match your address in the MERIT Workforce Registry. If your address needs to be updated, complete the update before completing this form.
- 7. **Tax Identification Number (TIN):** If you're applying for an individual award (Education Award or Training Reimbursement) check "For individuals" and write your SSN in the section.
- 8. **Certification:** Read carefully and sign and date with a pen.

EXAMPLE

SIGNATURE OF U.S. PERSON (No electronic, stamped or inserted signatures)

Date: This form is valid for 90 days