



**State of New Hampshire
VENDOR APPLICATION**

VENDOR # _____

(Assigned by Purchase & Property)

BUSINESS NAME/ADDRESS LOCATION

Legal Business Name: _____

Doing Business As Name: _____

Payment Address: _____

City/Town: _____ STATE: _____ ZIP: _____

Business Address: _____

City/Town: _____ STATE: _____ ZIP: _____

Telephone #: _____ Cell Phone #: _____ FAX #: _____

Website: _____ E-Mail (Main Office): _____

Electronic Payment Option: Please contact Treasury at treasury@treasury.state.nh.us or visit their website at www.nh.gov/treasury for further information on this option.

TYPE OF BUSINESS

(Note: Registration with the NH Secretary of State **MUST** be done **prior** to the awarding of any contracts) www.nh.gov/sos/corporate (603) 271-3244

Registered with NH Secretary of State? _____ State Incorporated In: _____

Service Provider Product/Merchandise Provider Other Provider

List the principal type of service, product or other that is provided: _____

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 type): _____

Signature: _____ Date: _____

RETURN ADDRESS

(Phone) 603-271-2201

(Fax) 603-271-2700

<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**



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.

INDIVIDUAL/LEGAL/BUSINESS NAME: _____

Doing Business As Name: _____

TAX/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: _____

Medical/Health Care Services **Legal Services** **1099 Grant Reportable**

DESIGNATION (select ONLY THOSE which apply to you/your organization as provided to the IRS)

Individual/Sole-Proprietor Corporation (S) Government
 Single Member LLC
 LLC (C Corporation) Corporation (C) Travel/Intern
 LLC (S Corporation) Partnership Refund/Reimbursement
 LLC (P Partnership) Estate or Trust Tax-Exempt

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: **DIVISION OF PROCUREMENT & SUPPORT SERVICES**
BUREAU OF PURCHASE & PROPERTY
STATE HOUSE ANNEX – ROOM 102
25 CAPITOL ST
CONCORD NH 03301

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