



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](mailto:treasury@treasury.state.nh.us) or visit their website at [www.nh.gov/treasury](http://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](http://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	<input type="checkbox"/>	Minority Owned Large Business	<input type="checkbox"/>	Minority Owned Small Business	<input type="checkbox"/>
Disabled Veteran Business	<input type="checkbox"/>	Svs Disabled Veteran Owned	<input type="checkbox"/>	Veteran Owned Small Business	<input type="checkbox"/>
Physically Challenged Bus	<input type="checkbox"/>	SBA Cert Fin Disadvantaged Bus	<input type="checkbox"/>	SBA Cert Hist Underutilized Bus	<input type="checkbox"/>
Historically Black Colleges	<input type="checkbox"/>	Women Owned Sm Bus	<input type="checkbox"/>	Women Owned Large Businesses	<input type="checkbox"/>
Small Business	<input type="checkbox"/>	SBA Cert Sm Disadvantaged Bus	<input type="checkbox"/>		

**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**

(Email) [jennifer.f.doris@doe.nh.gov](mailto:jennifer.f.doris@doe.nh.gov)  
(Office) 603-271-2295  
(Cell) 603-573-1479  
(http) [www.education.nh.gov](http://www.education.nh.gov)

NH Department of Education  
101 Pleasant Street  
Concord, NH 03301



# 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.

**BUSINESS NAME:** \_\_\_\_\_

**Doing Business As Name:** \_\_\_\_\_

**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: \_\_\_\_\_

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

Individual/Sole-Proprietor     Partnership/LLP     Government  
 Corporation     Estate or Trust     Health Care Provider  
 LLC     Non-Profit     Legal Services

*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:**

(Email) [jennifer.f.doris@doe.nh.gov](mailto:jennifer.f.doris@doe.nh.gov)  
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