**LOCAL AGENCY ACCOUNT FUND AWARDEE PAYMENT INFORMATION**

**and SUBSTITUTE FORM W-9**

**I prefer to be paid by electronic funds transfer/ACH**

(Electronic payments are fast and secure)

**I prefer to be paid by check**

(Checks are disbursed once every two weeks)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Payment information** (all fields are required) | | | | | | | | | |
| Legal Business Name | |  | | | | | | | |
| **Entity Type:** (only check one) | | | | | | | | | |
| Individual |  | | Partnership | |  | Trusts/Estates | | |  |
| Limited Liability Co. |  | | Fed, State, Local Government | |  | Disregarded Entity | | |  |
| Public Authority |  | | Other | |  |  | | |  |
| Exempt Payee (check if applies) | | |  | |  | | | | |
| **\* Taxpayer Identification Number & Taxpayer Identification Type** | | | | | | | | | |
| Employer Identification Number (EIN) | |  | | | Social Security Number | | |  | |
| **Address Information** | | | | | | | | | |
| Street Address | |  | | | | | | | |
| City | |  | | | | | | | |
| State | |  | | | | | | | |
| Zip | |  | | |  | | |  | |
| **Applicant Contact Information** – Personnel Authorized to Represent the Applicant (all fields are required) | | | | | | | | | |
| Primary Contact Name | |  | | | Secondary Contact Name | | |  | |
| Title | |  | | | Title | | |  | |
| Phone # | |  | | | Phone # | | |  | |
| E-mail address | |  | | | E-mail address | | |  | |
| **Banking information** (only required if selecting payment by electronic funds transfer/ACH) | | | | | | | | | |
| Bank Name | |  | | | | | | | |
| ABA (Nine digit number) | |  | | | | | | | |
| Account Number | |  | | Email for confirmation | | |  | | |

**Certification and Exemption from Back up Withholdings**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (TIN), and

2. I am a U.S. citizen or other U.S. person, and

3. (Check one only):

I am not subject to backup withholding. I am (a) exempt from back up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding),or

I am subject to backup withholding. I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, and I have not been notified by the IRS that I am no longer subject to back withholding.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions for Completing Substitute Form W-9**

NYSERDA must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYSERDA uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/supplier database and to avoid backup withholding.1 We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

\* The Taxpayer Identification Number must match legal business name to avoid back up withholdings. Payee name and EIN or SSN must match with information on file with the IRS.

1 According to IRS Regulations, NYSERDA must withhold 28% of all payments if a payee/supplier fails to provide NYSERDA its certified TIN. The Substitute Form W-9 certifies a payee/vendor’s TIN.