STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

PLEASE SUBMIT FORM TO INVOICED AGENCY

Business name/disregarded entity name, if different from above Check appropriate box for federal tax classification; check only one of the following boxes: Individual Sole proprietor C Corporation S Corporation Partnership Trust/Estate Non-Profit Entity Government (Local, State or Federal) Limited Liability Company. Enter the tax classification of C = C Corporation, S = S Corporation, P = Partnership) Other (see instructions) Other (see instructions) Exempt payee code (if any) Exemption from FATCA reporting code (if any) S Address: Remit Address (if different): Exemption from FATCA reporting code (if any) S Address; Remit Address (if different): Remit Address (if different): City, state, and ZIP code Cit	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.						
Individual Sole proprietor C Corporation S Corporation Partnership Trust/Estate Non-Profit Entity Government (Local, State or Federal) Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) Other (see instructions) Note: Enter the wower's name on line I and mark the appropriate federal tax classification box for disregarded entities. 4 Exemptions (see instructions): Exempt payee code (if any) Exemption from FATCA reporting code (if any) Saddress: Remit Address (if different): City, state, and ZIP code City, state, and ZIP code	2 Business name/disregarded entity name, if different from above						
4 Exemptions (see instructions): Exempt payee code (if any)	☐ Individual ☐ Sole proprietor ☐ Non-Profit Entity ☐ Government ☐ Limited Liability Company. Ent ☐ Other (see instructions)	☐ C Corporation ☐ S C ent (Local, State or Federal ter the tax classification (C	Corpor l) = C (ation \square Partnership \square Corporation, $S = S$ Corporat	ion, P		
Taxpayer Identification Number (TIN): Social Security Number (SSN): OR Employer Identification Number (EIN): Certification: Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding due to failure to report interest and dividend income, and 3. I am a U.S. citizen or other U.S. person (defined in the instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. For additional instructions please refer to http://www.irs.gov/pub/irs-pdf/tw9.pdf to obtain a copy of the IRS Form W-9 General Instructions. Signature of US Person: Date: Printed Name: Contact Phone: Comments or Business/Entity Notes: ACH Enrollment: (Rev. December 2014) Initial Setup Change Close Account This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed. Financial Institution Name: Nine Digit Routing Number: Prior Routing Number: * Check here if the bank is outside of the United States. Address: Depositor Account Number: Prior Account Number: * Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution to a financial institution to a financial institution in another country City, state and ZIP code: Type of Account: * Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	4 Exemptions (see instructions): Exempt payee code (if any)			Exemption from FATCA reporting code (if any)			
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Printed Name: Contact Phone:	Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding due to failure to report interest and dividend income, and 3. I am a U.S. citizen or other U.S. person (defined in the instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.						
Comments or Business/Entity Notes: ACH Enrollment: (Rev. December 2014)	Signature of US Person: Date:						
ACH Enrollment: (Rev. December 2014)	Printed Name: Contact Phone:						
This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed. Financial Institution Name: Nine Digit Routing Number: Prior Routing Number: Prior Account Number: Check here if the bank is outside of the United States. Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country City, state and ZIP code: Type of Account: Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	Comments or Business/Entity Notes:						
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City, state and ZIP code: Type of Account: Type of Account: * Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.						Check here if the bank is outside of	
changing/updating your ACH instructions with the State of Nebraska.	Address:	-		Prior Account Number: *		are being forwarded from a U.S. financial institution to a financial	
This account will be used for all payments by the State of Nebraska unless specified here:		Checking Savings		changing/updating your ACH instructions with the State of Nebraska.			
T V	This account will be used for all pay	yments by the State of Nebi	raska	unless specified here:			
E-mail:							
(Used for ACH payment notifications.)		notifications.)	A 44 -	-l			
Authorized Individual Attachment Required! (Salect and attach one of the following items for verification):				Select and attach <u>one</u> of the following items for verification):			
· ·	Printed Name:			Blank check (voided) or Photocopy of a cleared check			
	Title:			Letter or statement from your financial institution			
	Date			Vendor invoice or letter which contains printed ACH instructions			
Internal Use Only:			<u> </u>	chaor mivolee or letter will	C11 CO111	amo printed retrinistractions	