



DCYF Provider Registration Form

Instructions For Completing the DCYF Provider Registration Form

The Registration Form should be used to perform the following:

- Register for a new Washington Statewide Vendor Number.
- New legal name (ex: change of last name, change of company name).
- New taxpayer identification number.

Note: If writing instead of typing, please PRINT clearly in blue or black ink only. Forms will not be accepted if they have whiteout, have been crossed off, or have been written over. If you are a foreign entity, please submit an IRS form W-8. You can find this form at the IRS Website. You must have a US Taxpayer Identification Number (TIN) to register with Washington State.

Part A – Contact Information:

- Mailing Address – Please indicate the address you wish to receive remittance and/or correspondence.
- Contact Name – The person named here will be contacted to approve any future changes to your registration including direct deposit. (If you are a business, a contact person’s name MUST be provided).
- Telephone Number – The telephone number of the authorized contact person.
- Email Address – The Email address provided will be used as the primary contact method (you will be contacted via email with your Statewide Vendor Number).

Part B – Registration (W-9):

- All numbered sections except section 4 are required.
- If you are a medical or legal/attorney entity and file with the IRS a corporation or partnership, please indicate your entity type in box 4.
- You MUST provide your Social Security Number (SSN) or Employee Identification Number (EIN). Do NOT provide both.

Direct Deposit Banking:

To set up direct deposit, complete and submit a Direct Deposit Authorization Form.

Changes and Adding Additional Locations:

To make changes to an existing registration or to add/delete locations to an existing registration, please complete and submit a Change Form.

Signature Block:

Please sign with a pen (a “wet signature”). Electronic, inserted or stamped signatures will not be accepted. This form is not considered valid unless it is signed.

Submitting the Vendor/Payee Registration Form:

Please PRINT and SIGN the completed form

SCAN to PDF format and EMAIL to: ProviderFileUnit@dshs.wa.gov

FAX to: (360) 902-8268 OR

MAIL to: DCYF, PO Box 45812, Olympia, WA 98504

For questions about the form, please contact the Payee Registration Unit at (360) 407-8180 ext. 5 or any other questions, please contact the agency you are expecting payment from.



PLEASE DO NOT STAPLE

DCYF Provider Registration Form

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): _____

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:

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

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)

Enter your EIN or SSN (do NOT enter both):

Grid for entering EIN or SSN

8. Certification

- I. 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
II. I am not subject to backup withholding because: (a) I am exempt from backup 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, and
III. I am a U.S. person, including a U.S. resident alien (defined in the W-9 instructions to be found at www.irs.gov), and
IV. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Please note this form does not include a FATCA exemption code field, and therefore item 4 does not apply.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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

Date: This form is valid for 90 days