



DCYF Provider Registration Form

Instructions for Completing the Supplier 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).
- Changing your IRS Tax Classification type (ex. changing from sole proprietor to partnership).

Note: 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 record 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 - Request for Taxpayer Identification Number and Certification – Substitute Form W-9

- All numbered sections except section 4 are required.
- Section 1: Check one box and complete the matching name field:
 - Legal Business Name – if registering as a business or organization (payment goes to the business).
 - Individual's Name – if registering as an individual (payment goes to you personally).
- If you are a medical or legal/attorney entity and file with the IRS as a corporation or partnership, please indicate your entity type in box 4.
- You MUST provide your legal address in lines 5 and 6.
- You MUST provide your Social Security Number (SSN) or Employer Identification Number (EIN). Do NOT provide both.

Direct Deposit Banking:

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

Updates or Adding Records:

To update an existing record or to add a record, please complete and submit a DCYF Provider 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.

DCYF Provider Registration Form:

Please PRINT and SIGN the completed form

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

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

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



DCYF Provider Registration Form

PART A – Contact Details

Mailing Address: _____
City: _____ State: _____ Zip code: _____
Contact Person – First Name: _____ Last Name: _____
Telephone Number: _____
Email Address: _____

SSPS # (if known): _____ Merit Provider # (if known): _____ Merit Stars # (if known): _____

Part B - Request for Taxpayer Identification Number and Certification – Substitute Form W-9

Are you a foreign entity? No Yes If Yes, please attach an IRS W-8 form.

1. Full Name Used for Tax Reporting (choose one):

Legal Business Name: _____
Individuals Name: _____
First Name: _____ Last Name: _____

2. Doing Business As (DBA): _____

3. IRS Tax Classification - Check only ONE box:

SSN or EIN:

EIN Only:

Individual Person/Sole Proprietor	Corporation	All Other State/Local Govt.
SSN only:	Partnership	WA State Agencies
Lived Experience - Class 1	Non- Profit Organization	Federal Government (including Tribal)
Volunteer	Tax Exempt Organization	Trust/Estate
Board/Committee Member		

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): _____

6. City: _____ State: _____ Zip code: _____

7. Tax Identification Number (TIN) - Check only ONE box:

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): _____

8. Certification

Under penalty of perjury, I certify that

- 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
- 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
- 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
- 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

Date: This form is valid for 90 days