



Instructions for Completing the Supplier Registration Form

The Registration Form should be used to perform the following:

- Register for a new Washington Statewide Supplier ID.
- New legal name (ex: change of last name, change of company name).
- Changing your IRS tax classification (ex. changing from sole proprietor to partnership).

Important: If you are a foreign entity, 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.

Note: If writing instead of typing, 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.

Part A – Contact Information:

- 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.
- Mailing Address – Indicate the address you wish to receive remittance and/or correspondence.
- Email Address – The email address provided will be used as the primary contact method. Your Supplier ID will be emailed to this address.

Part B – Supplier 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 as a corporation or partnership, indicate your entity type in box 4.
- You **MUST** provide your legal address in lines 5 and 6.
- You **MUST** provide your 9-digit Social Security Number (SSN) or Employer Identification Number (EIN). Do **NOT** include both. Do **NOT** include any hyphens.
- Select only one IRS tax classification, and ensure it is one that is valid for your taxpayer identification number (TIN) type.

Direct Deposit Banking:

To set up direct deposit, complete and submit a [Supplier 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, complete and submit a [Supplier Change Form](#).

Signature Block:

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 Supplier Registration Form:

PRINT and SIGN the completed form then

- SCAN to PDF format and EMAIL to: Supplierforms@ofm.wa.gov
 - FAX to: (360) 664-3363
 - MAIL to: Statewide Registration, PO Box 41450, Olympia, WA 98504-1450
- OR
- COMPLETE ELECTRONICALLY via DocuSign through our website at www.ofm.wa.gov/statewideregistration

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



PLEASE DO NOT STAPLE

Please mark this box if you are a Made by the Blind-certified business: ☐

Supplier Registration Form

PART A – Contact Details

Contact Person: _____

Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

PART B – Supplier Registration

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

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. IRS Tax Classification [Check ONLY ONE box]:

SSN or EIN:

☐ Individual/Sole Proprietor
(Including LLC-Sole Proprietor)

SSN only:

☐ Lived Experience – Class 1
☐ Volunteer
☐ Board/Council Member

EIN only:

☐ Corporation (Including S-Corp,
LLC S-Corp and LLC-Corp)
☐ Partnership (Includes LLC)
☐ Non-Profit Organization
☐ Tax Exempt Organization

☐ Other Local Government
☐ State Government
☐ Federal Government (Including Tribal)
☐ Trust/Estate
☐ Medical Provider - Mexico

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 9-digit EIN or SSN (do NOT enter both or include any hyphens):

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8. Certification

Under penalty of perjury, I certify that

- 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

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