

RETURN TO:
STATE AUDITOR'S OFFICE
ROOM 114,CAPITOL BUILDING
CHEYENNE, WY 82002
(307) 777-7831

WOLFS-109 REVISED 07/00

STATE OF WYOMING

REQUEST FOR TAXPAYER

IDENTIFICATION NUMBER & CERTIFICATION

PLEASE PRINT OR TYPE: Forms that are illegible or incomplete will not be processed.

PURPOSE OF THE FORM: The State of Wyoming is required to file an information return with the IRS and must have your correct Taxpayer Identification Number (TIN) to report.

IRS regulations provide the following: If you fail to furnish your correct TIN to a requestor, you may be subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect. If you make a false statement with no reasonable basis that results in no backup withholding, you may be subject to a \$500 penalty. If you willfully falsify certifications or affirmations you may be subject to criminal penalties including fines and/or imprisonment.

WHAT NAME AND NUMBER TO GIVE THE STATE OF WYOMING:

1. **Individual** - Give name and Social Security Number of the individual.
3. **Sole Proprietorship** - Give name and SSN or Employer ID Number (EIN).
(Use the number that you wish the State of WY to file information returns with the IRS)
5. **Corporation** - Give name and EIN of the corporation.

2. **Partnership**-Give name and EIN of the partnership
4. **A valid trust, estate, or pension trust** - Give name and EIN of the Legal Entity.
6. **Club, religious, or other tax exempt organization**
Give name and EIN of the organization

INSTRUCTIONS:

Name: If you are an individual, you must generally enter the name shown on your social security card. However, if you changed your last name,for instance, due to marriage, without informing the SSA of the name change, enter your first name, the last name shown on your card, and your new last name. If the account is in joint names, list the names and then circle the name of the person or entity whose name you entered.

Sole Proprietor: You must enter your individual name as shown on your social security card. You may enter your business, trade, or Doing Business As (DBA) name on the business name line.

Other Entities: Enter your business name as shown on required Federal tax documents. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the business name line.

OWNERSHIP TYPE THAT APPLIES TO YOU OR YOUR BUSINESS: (check only one)

☐ Individual/Sole Proprietor ☐ Corporation ☐ Partnership ☐ Other (be specific) _____

NUMBER: _____
(EIN/SSN)

NAME: _____
(Official Tax Reporting Name)

BUSINESS NAME: _____
(Business, Trade or "DBA" name if different from above)

ADDRESS: (Number, Street, and Apt. or Suite): _____

CITY STATE ZIP

PHONE NUMBER: (Include area code) _____ **FAX:** (Include area code) _____

BUSINESS DESCRIPTION: _____

I CERTIFY UNDER PENALTY OF PERJURY 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),
- *2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

* You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

SIGNATURE: _____

DATE: _____

IMPORTANT PAYMENT INFORMATION ON THE REVERSE, PLEASE GO TO THE NEXT PAGE.

The preferred method of reimbursement from the State of Wyoming is Electronic Funds Transfer (EFT). There are many benefits to both you and the State, such as:

1. Payments made by **EFT are made twice a week. (you get paid quicker!)**
2. Payments made by warrant (check) are made **only two times per month.**
3. EFT payment information is available on the State Auditor's web site even before your bank receives it.
[State Auditor's Office Homepage](#) or <http://sao.state.wy.us/>
4. Guaranteed delivery of EFT data. Warrants (checks) get lost in the mail.
5. No standing in line, dropping off or mailing deposits. A better use of your valuable time.
6. Reduces operational costs for you and the State.

I **DO NOT** desire payment by EFT, please sign below:

Authorized Signature: _____

Typed or Printed Name

I **DO** desire payment by EFT: (continue)

Typed or Printed Name

OPTION ONE: Attach a **photocopy of a "voided check"** or an **actual voided check** (Do not attach a "deposit slip".
Deposit slips do not contain sufficient information for processing) **STOP HERE, NO FURTHER ACTION IS
REQUIRED**

OR

OPTION TWO: Have a representative from your financial institution complete the information below and sign in the block below.

Required Information:

ABA ROUTING NUMBER: _____

FINANCIAL INSTITUTION NAME: _____

ACCOUNT NUMBER: _____

FINANCIAL INSTITUTION STREET
OR P.O. BOX ADDRESS: _____

FINANCIAL INSTITUTION CITY,
STATE, and ZIP: _____

ACCOUNT TYPE: (CHECK ONE)

☐ C-CHECKING

☐ S-SAVINGS

Financial Institution Representative Signature: _____

Typed or Printed Name and phone number