

Statewide Payee Registration for Washington State Department of Labor and Industries

Please read the following instructions before completing the form:

- The legal name on both pages must match each other and be the legal name on file with the IRS.
- Please use **dark blue** or **black ink** when signing and filling out the form by hand.
- Please fill out **both pages** of this form in their entirety, even if some information has not changed.
- A 9-digit US taxpayer identification number (either SSN or EIN) is required on **both** pages.

Statewide Vendor Number (if known):

If you know your Statewide Vendor Number, enter it here: SWV

STEP 1: Enter information about the payee and contact person

Legal Name of Payee as shown on your income tax return	SSN _____ OR EIN _____
Business Name, if different from Legal Name above – e.g. Doing Business As (DBA) Name	Contact Person _____
Payment Address (number, street, and apt. or suite no. or P.O. Box)	Contact Telephone Number (include extension) _____
City, State, and Zip Code	Contact Fax Number _____
Email to receive Statewide Vendor Number and payment notifications	For L&I Use Only: 2350 / MIPS / Y / L&I # / System / Ownership / L&I Provider #
Type of business	

STEP 2: Select Payment Option:

Direct Deposit to bank (recommended) **OR** Check in US mail (terminates any previous banking information on file)

STEP 2a: For Direct Deposit, complete all fields below and sign

In addition to providing your banking information on this form, you may attach a voided check.

Financial Institution Name – must be a US institution	Financial Institution Phone Number
Routing Number – see example at right	Account Number – see example at right
This account is: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings (will default to checking if no option is selected)	
Account Type: <input type="checkbox"/> PPD (Personal) or <input type="checkbox"/> CCD (Corporate/Business)	



Authorization for Direct Deposit:

I hereby authorize and request the Office of Financial Management (OFM) and the Office of the State Treasurer (OST) to initiate credit entries for payee payments to the account indicated above, and the financial institution named above is authorized to credit such account. I agree to abide by the National Automated Clearing House Association (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, OFM and OST may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that if a reversal action is required, OFM will notify this office of the error and the reason for the reversal. This authority will continue until such time OFM and OST have had a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.

Authorized Representative (Please Print) — Not to be signed by your financial institution	Title
SIGNATURE of Authorized Representative	Date

No stamped or electronic signatures will be accepted.

Continue to STEP 3

STEP 3: REQUIRED – Complete and sign the Request for Taxpayer Identification Number (W-9)

Substitute Form W-9	Request for Taxpayer Identification Number and Certification
1. Legal Name of Payee 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 below (see W-9 instructions for additional information. If non-profit or tax exempt, please submit your determination letter)	
<input type="checkbox"/> Individual/Sole Proprietor (Including LLC-Sole Proprietor) <input type="checkbox"/> Volunteer <input type="checkbox"/> Board/Committee Member	<input type="checkbox"/> Corporation (Including LLC-Corporation, S-Corp, and LLC S-Corp) <input type="checkbox"/> Partnership (Including LLC-Partnership)
<input type="checkbox"/> Non Profit Organization <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Trust/Estate	<input type="checkbox"/> Local Government <input type="checkbox"/> State Government <input type="checkbox"/> Federal Government (Including Tribal)
4. For Corporation or Partnership ONLY , check one box if applicable: <input type="checkbox"/> Medical <input type="checkbox"/> Attorney/Legal	
5. 1099 Mailing Address (number, street, and apt. or suite no. or P.O. Box)	Department of Labor and Industries Attn: Provider Accounts & Credentialing PO Box 44261 Olympia Wa 98504-4261
6. City, State, and ZIP code	
7. Taxpayer Identification Number (TIN)	
Enter your EIN OR SSN in the appropriate box to the right (do NOT enter both) For individuals, this is your social security number (SSN).	
For other entities, it is your employer identification number (EIN).	
<i>NOTE: The EIN or SSN must match the Legal Name as reported to the IRS to avoid backup withholding. For a resident alien, sole proprietor, or disregarded entity, or to find out how to get a Taxpayer Identification Number, see the W9 Instructions.</i> <i>NOTE: If the account is in more than one name, see the W9 Instructions for guidelines on whose number to enter.</i>	
8. Certification	
Under penalty of perjury, I certify that:	
<ul style="list-style-type: none"> • 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). 	
<i>(For additional information about the W-9 see the W-9 Instructions.)</i>	
SIGNATURE of U.S. PERSON	Date

No stamped or electronic signatures will be accepted.

STEP 4: Submit to ONE of the following

All Provider Types: Provider Account Application & Pay Hold Releases: Fax: 360-902-4484	Crime Victims Compensation: For Master Level Therapists (MLT): Fax: 360-902-5333
Provider Network Application: Washington Practitioner Application (WPA): Fax: 360-902-4563	Or mail to Provider Accounts & Credentialing PO Box 44261 Olympia, WA 98504-4261

For questions contact Provider Accounts & Credentialing:
 Email: PACMail@Lni.wa.gov or call 360-902-5140 and select option 4

Instructions for the Statewide Payee Registration Form

The term 'payee' refers to an individual or business that will receive payments from the State of Washington. This form is intended to be used for payees to register with the State of Washington, indicate how they would like to receive payments, and change their registration information.

For prompt payment, it is important that we receive complete and accurate information. ***We must return any form that is not complete, so please be sure to read and follow these instructions carefully.***

Be sure to **complete the ENTIRE form**, even if you are only changing one item. This will help us keep your account up to date and accurate. If you know your SWV number, please enter it on the indicated line of the form.

Step 1: Payee & contact information

Legal name of payee	Enter the name as shown on the income tax return for the Tax ID number used for billing L&I.
Business name	Enter the "doing business as" name. Enter only if different from legal name.
Payment address	Enter the PO Box or street address where you want payment information and remittance advice sent to you. If you choose to have checks mailed to you, this is the address where they will be sent.
Email for contact person	Enter the email address we should use to communicate with you about your registration and your payments. We will use the email address to: <ul style="list-style-type: none">• Notify you when your account has been set up.• Notify you when the changes you submitted are made. Notify you when your payment is processed, if you have signed up for direct deposit. NOTE: For larger organizations we recommend that you use the email address for a distribution list to ensure that our notifications are received and processed quickly.
Type of business	Enter the primary occupation of the payee.
SSN or EIN	Enter the Social Security Number (SSN) or Employer Identification Number (EIN) you use with the IRS for the legal name entered. DO NOT ENTER BOTH. Enter ONLY the one that you use with the IRS for the legal name
Contact person	Enter the person we can contact with questions about your registration
Contact telephone number	Enter the telephone number of the contact person.
Contact fax number	Enter the fax number of the contact person.

Step 2: Payment options

Indicate if you want to receive your payments via Direct Deposit or via US Mail. If no option is selected, then payment will default to a check in the U.S. Mail.

Step 2a: Direct deposit information

Financial institution name & phone number	Enter the name and phone number of the financial institution where you want your funds deposited. This must be a US institution.
Routing number	Enter the 9 digit Bank Identification Number assigned by the American Banking Association. The routing number is the first 9 numbers at the bottom of your check. See example on form. Do not use the routing number from a generic deposit slip – these begin with the number ‘5.’
Account number	Enter your bank account number, which can vary in length. It usually follows the routing number on the check
Account type	Select either checking or savings and check PPD or CCD. If you do not make a selection, funds will be transferred into the checking account.
Authorization Signature	We need the signature of the person on file with the bank in order for us to process the Direct Deposit. We cannot accept stamped or electronic signatures.

Step 3: W-9

The IRS has issued new regulations governing how we report payments and calculate withholding. **We need this complete, signed W-9 in order to process your registration and verify any changes to it.**

1. Legal name of payee Enter the name as shown on the income tax return for the Tax ID number used for billing L&I.
2. Business name Enter the “doing business as” name. Enter only if different from legal name.
3. Check one box for your IRS reporting type You must check **ONLY ONE** box to indicate if you are an individual, corporation, non-profit organization, etc. If you are non-profit or tax exempt, please submit your determination letter with this application.
4. Check if the business is medical or legal If you are a corporation, S-corporation, partnership or LLC, and your business is medical or legal, you must check the appropriate box. See the W-9 instructions for more information about reporting types.
5. Address Enter the PO Box or street address where you would like your 1099 form mailed. Enter only one (1) address.
6. City, State and ZIP Enter the city, state, and zip code for your address.
7. Taxpayer Identification Number Enter the Social Security Number (SSN) **or** Employer Identification Number (EIN) you use with the IRS for the legal name entered. **DO NOT ENTER BOTH.** Enter **ONLY** the one that you use with the IRS for the legal name
8. SIGN and DATE the W-9 We need this complete, signed W-9 in order to process your registration and verify any changes to it.

Step 4: Submit to one of the following:

All Provider Types: Provider Account Application & Pay Hold Releases: Fax: 360-902-4484	Crime Victims Compensation: For Master Level Therapists (MLT): Fax: 360-902-5333
Provider Network Application: Washington Practitioner Application (WPA): Fax: 360-902-4563	Or mail to Provider Accounts & Credentialing PO Box 44261 Olympia, WA 98504-4261

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