

## "Payee" Registration

Due to an IRS requirement, the State of Washington must register everyone it sends payments to as a "payee" (formerly "vendor.") This requires the completion of a state form ("Statewide Payee Registration") which includes registration information, payment option selection and an IRS form W-9. Copies of the form and instructions can be accessed from the Department of Enterprise Services (DES) web site:

<http://des.wa.gov/services/ContractingPurchasing/Business/VendorPay/Pages/default.aspx> or from the Search and Rescue Forms page of the Emergency Management Division web site:

[http://www.emd.wa.gov/search\\_rescue/sar\\_forms.shtml](http://www.emd.wa.gov/search_rescue/sar_forms.shtml). While most of what is required is covered in the standard instructions for the form, there are a few items that are peculiar to Emergency Worker Program claimants which will be covered here. (Please refer to the attached examples.)

**Individuals** Enter your social security number in the appropriate space. In Step 2, where the form asks for "Type of Business" enter "Volunteer Emergency Worker." Under the "Select Payment Options" portion of the form (Step 3), decide how you wish to receive your Emergency Worker Program claim reimbursement payments. If you wish to continue to receive a check mailed to your home or post office box, select "Check in US mail" and proceed to Step 5. If, however, you wish to receive your Emergency Worker Program claim reimbursement payments by direct deposit to your bank or credit union account, select "Direct Deposit to bank." If, and ONLY IF, you have checked "Direct Deposit to bank" complete the direct deposit information portion of the form (Step 4) including signature and date.

For the W-9 portion of the form (step 5) check "Volunteer" (item 3) and "If exempt from backup withholding check here" (item 5.) Enter your social security number in the appropriate spaces. Complete the rest of the form and sign.

**Units (501(c)(3))** Enter your "Employer Identification Number" (EIN) in the appropriate space. In Step 2, where the form asks for "Type of Business" enter "Volunteer Emergency Workers." Under the "Select Payment Options" portion of the form (Step 3), decide how you wish to receive your Emergency Worker Program claim reimbursement payments. If you wish to continue to receive a check mailed to the unit, select "Check in US mail" and proceed to Step 5. If, however, you wish to receive your Emergency Worker Program claim reimbursement payments by direct deposit to your bank or credit union account, select "Direct Deposit to bank." If, and ONLY IF, you have checked "Direct Deposit to bank" complete the direct deposit information portion of the form (Step 4) including signature and date.

For the W-9 portion of the form (Step 5) check "Tax Exempt Organization" (item 3) and "If exempt from backup withholding check here" (item 5.) Enter your unit's EIN in the appropriate spaces. Complete the rest of the form and sign.

As noted on the DES web page and on the form, forward the completed forms to:

Statewide Payee Desk  
P.O. Box 41434  
Olympia, WA 98504-1434

Fax: 360-664-3363

Email: [Payeeforms@des.wa.gov](mailto:Payeeforms@des.wa.gov)

Please DO NOT include completed payee registration forms with an emergency worker claim.

If you change your address, phone number, or email address or if you have not submitted an Emergency Worker claim within the last two years, you must update your registration by submitting a new registration form with "CHANGE to EXISTING REGISTRATION" checked at the top of the form.

Please note: the above instructions are intended for Emergency Workers and Units that do not receive any payments from the State of Washington except Emergency Worker Program claim reimbursements. If you do receive other types of payments you should contact DES for guidance relative to your particular situation.

If you have any questions, contact me directly at [Chris.Long@mil.wa.gov](mailto:Chris.Long@mil.wa.gov), or 253-512-7024.

Chris Long,  
State SAR Coordinator

PLEASE  
DO NOT  
STAPLE

# Statewide Payee Registration Washington State

Individual

### STEP 1: Is this a NEW registration or CHANGE to an existing registration (check one)?

NEW REGISTRATION

CHANGE to EXISTING REGISTRATION – complete the ENTIRE form and check below what is updated:

Name/DBA    Address    Contact Information    Email    Payment Options    Direct Deposit    Additional Information

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

### STEP 2: Enter information about the payee and contact person

Legal Name of Payee as it appears on federal tax forms (see W-9)

SSN OR EIN

Business Name, if different from Legal Name above – e.g. Doing Business As (DBA) Name

Contact Person

( ) - Ext.

Mailing Address

Contact Telephone Number

( ) -

City, ST and Zip Code

Contact Fax Number

Email to receive Statewide Vendor Number and payment notifications

Agy#/Owner-int./System/Identifier STATE USE ONLY

Volunteer Emergency Worker

Type of Business

### STEP 3: Select Payment Option:

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

### STEP 4: For Direct Deposit, complete all fields below and sign

Financial Institution Name – must be a US institution

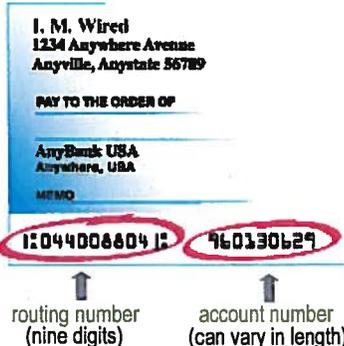
( ) -  
Financial Institution Phone Number

Routing Number – see example at right

Account Number – see example at right

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

Account Type:  Checking or  Savings (Checking will be used if neither box is marked.)



### Authorization for Direct Deposit:

I hereby authorize and request the Department of Enterprise Services (DES) 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, DES 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, DES will notify this office of the error and the reason for the reversal. This authority will continue until such time DES 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)

Title

SIGNATURE of Authorized Representative

Date

**Individual**

**STEP 5: Complete and sign the Request for Taxpayer Identification Number (W-9)**

Substitute Form <b>W-9</b>	<b>Request for Taxpayer Identification Number and Certification</b>
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 below (see W-9 instructions for additional information)	
<input type="checkbox"/> Individual or Sole Proprietor  <input type="checkbox"/> LLC filing as a sole proprietor  <input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation  <input type="checkbox"/> S-Corp
<input type="checkbox"/> LLC filing as Corporation  <input type="checkbox"/> LLC filing as Partnership  <input type="checkbox"/> LLC filing as S-Corp	<input type="checkbox"/> Non Profit Organization  <input checked="" type="checkbox"/> Volunteer  <input type="checkbox"/> Board /Committee Member
<input type="checkbox"/> Local Government  <input type="checkbox"/> State Government  <input type="checkbox"/> Federal Government (including tribal)	<input type="checkbox"/> Tax-exempt organization  <input type="checkbox"/> Trust/Estate
4. For Corporation, S-Corp, Partnership or LLC, check one box below if applicable: <input type="checkbox"/> Medical <input type="checkbox"/> Attorney/Legal	
5. If exempt from backup withholding, check here: <input checked="" type="checkbox"/>	
6. Address (number, street, and apt. or suite no.)	<b>For office use</b>  The Legal Name, Address and TIN must be filled in completely and the document signed for the forms to be accepted.
7. City, state, and ZIP code	
8. 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).	
NOTE: The EIN or SSN must match the Legal Name as reported to the IRS. For a resident alien, sole proprietor, or disregarded entity, or to find out how to get a Taxpayer Identification Number, see the W9 Instructions. If the account is in more than one name, see the W9 Instructions for guidelines on whose number to enter.	
OR	
Employer identification number	
9. Certification	
Under penalty of perjury, I certify that:	
<ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• I am a U.S. person (including a U.S. resident alien).</li> </ul>	
SIGNATURE of U.S. PERSON	Date

**STEP 6: Submit**

**For fastest service, PRINT, SIGN, FAX to: 360-664-3363**  
 or mail to: Statewide Payee Desk, PO Box 41434, Olympia WA 98504-1434  
<http://www.des.wa.gov/services/ContractingPurchasing/Business/VendorPay/Pages/default.aspx>

PLEASE  
DO NOT  
STAPLE

# Statewide Payee Registration Washington State

501(c)(3) Unit

**STEP 1: Is this a NEW registration or CHANGE to an existing registration (check one)?**

- NEW REGISTRATION**
- CHANGE to EXISTING REGISTRATION** – complete the ENTIRE form and check below what is updated:
  - Name/DBA    Address    Contact Information    Email    Payment Options    Direct Deposit    Additional Information

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

**STEP 2: Enter information about the payee and contact person**

Legal Name of Payee as it appears on federal tax forms (see W-9)	SSN                      OR                      EIN
Business Name, if different from Legal Name above – e.g. Doing Business As (DBA) Name	Contact Person (    )                      -                      Ext.
Mailing Address	Contact Telephone Number (    )                      -
City, ST and Zip Code	Contact Fax Number
Email to receive Statewide Vendor Number and payment notifications	Agy#/Owner-Int./System/Identifier STATE USE ONLY

**Volunteer Emergency Workers**

Type of Business \_\_\_\_\_

**STEP 3: Select Payment Option:**

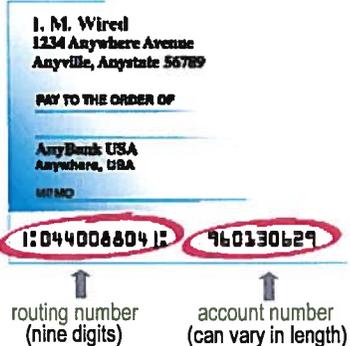
- Direct Deposit to bank (recommended) or
- Check in US mail (terminates any previous banking information on file)

**STEP 4: For Direct Deposit, complete all fields below and sign**

Financial Institution Name – must be a US institution	(    )                      -                      Financial Institution Phone Number
Routing Number – see example at right	Account Number – see example at right

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

Account Type:  Checking or  Savings (Checking will be used if neither box is marked.)



**Authorization for Direct Deposit:**

I hereby authorize and request the Department of Enterprise Services (DES) 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, DES 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, DES will notify this office of the error and the reason for the reversal. This authority will continue until such time DES 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)	Title
SIGNATURE of Authorized Representative	Date

501(c)(3) Unit

**STEP 5: Complete and sign the Request for Taxpayer Identification Number (W-9)**

Substitute Form <b>W-9</b>	<b>Request for Taxpayer Identification Number and Certification</b>
<b>1. Legal Name</b> (as shown on your income tax return)	
<b>2. Business Name</b> , If different from Legal Name above – e.g. Doing Business As (DBA) Name	
<b>3. Check ONLY ONE box below</b> (see W-9 instructions for additional information)	
<input type="checkbox"/> Individual or Sole Proprietor <input type="checkbox"/> LLC filing as a sole proprietor <input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp
<input type="checkbox"/> LLC filing as Corporation <input type="checkbox"/> LLC filing as Partnership <input type="checkbox"/> LLC filing as S-Corp	<input type="checkbox"/> Non Profit Organization <input type="checkbox"/> Volunteer <input type="checkbox"/> Board /Committee Member
<input type="checkbox"/> Local Government <input type="checkbox"/> State Government <input type="checkbox"/> Federal Government (including tribal)	<input checked="" type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Trust/Estate
<b>4. For Corporation, S-Corp, Partnership or LLC, check one box below if applicable:</b>	
<input type="checkbox"/> Medical <input type="checkbox"/> Attorney/Legal	
<b>5. If exempt from backup withholding, check here:</b> <input checked="" type="checkbox"/>	
<b>6. Address</b> (number, street, and apt. or suite no.)	<b>For office use</b>
<b>7. City, state, and ZIP code</b>	The Legal Name, Address and TIN must be filled in completely and the document signed for the forms to be accepted.
<b>8. Taxpayer Identification Number (TIN)</b>	
Enter your EIN <u>OR</u> SSN in the appropriate box to the right (do not enter both)	
For individuals, this is your social security number (SSN).	Social security number
For other entities, it is your employer identification number (EIN).	OR
<small>NOTE: The EIN or SSN must match the Legal Name as reported to the IRS. For a resident alien, sole proprietor, or disregarded entity, or to find out how to get a Taxpayer Identification Number, see the W9 Instructions. If the account is in more than one name, see the W9 Instructions for guidelines on whose number to enter.</small>	Employer identification number
<b>9. Certification</b>	
Under penalty of perjury, I certify that:	
<ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• I am a U.S. person (including a U.S. resident alien).</li> </ul>	
<b>SIGNATURE of U.S. PERSON</b>	Date

**STEP 6: Submit**

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