

Vendor Management Information Sheet

VENDOR NAME: _____

Use this checklist to review W-9 & related documents and attach Information Sheet to W-9. To submit the W-9 and information form:

- 1) Email (when sending a form with SSN type [gsecure] after the subject line of the email)
- 2) FAX - ATT: Deshala Collier @ 307-777-5857
- 3) Mail to DWS, ATTN: Deshala Collier @ 614 S Greeley Hwy, Cheyenne, WY 82002

Legal name from SS card or legal name of business on W-9. If banking is included, name must match voided check or bank letter	<input type="checkbox"/>
DBA included on second line of W-9 <u>only</u> (if applicable)	<input type="checkbox"/>
Only one box is checked on Line 3-Classifications of the W-9 Form. If Limited Liability company on second section is checked, then reflect C= C corporation, S=S corporation, or P=Partnership on line after arrow	<input type="checkbox"/>
Complete address on W-9	<input type="checkbox"/>
One Tax ID # is present, entered correctly as a SSN (individual) or EIN (business)	<input type="checkbox"/>
<u>If adding or modifying Direct Deposit to vendor:</u>	<input type="checkbox"/>
W-9, original voided check, or bank letter signed with an ink signature. Name must match on W-9 and voided check, or bank letter	<input type="checkbox"/>
Vendor Contact Name (Printed):	<input type="checkbox"/>
Vendor Email Address:	<input type="checkbox"/>
Vendor Phone Number:	<input type="checkbox"/>
	<input type="checkbox"/>
Notes/Instruction (Example: New Enrollment, Re-Activation, Vendor name, address, or contact change, Adding or Modifying banking information)	
Workforce Center Location & Contact Name, Phone Number, or Email	

***The latest version of the W-9 is required. Current W-9: (Form W-9 Rev. 10-2018)