



PAYEE INFORMATION

In order to receive funds from the NYS Education Department, ALL SECTIONS of the **Payee Information/PI Form** AND of the **NYSED Substitute W-9 Form** (required only if your agency does not have/know its OSC Vendor Identification Number) will need to be completed and returned with **original signature(s)** to the Education Department program office to which your agency's grant application was sent.

Please print or type all information

Section I: Institution Identifying Information

Exact Legal Name of Agency

Contact Person/Name & E-mail Address

Address (number, street, and apt. or suite no.) to which checks will be mailed

City, State, and ZIP code (+ 4 digits) or Foreign City, Country & Postal Code

Federal Employer Identification Number (FEIN): -

OSC Vendor Identification Number:***

Data Universal Numbering System/DUNS Number:

Central Contractor Registration (CCR) – Active? Yes, provide Active Until Date _____ No

***** If you do not know your agency's OSC Vendor Identification Number, follow the specific instructions under Section I(c).**

Section II: Agency Profile

- This agency is a (check one) Non-Profit Organization For Profit Organization
- This agency is a (check one) Sectarian Organization Non-sectarian Organization
- Is this agency chartered or incorporated by the New York State Board of Regents? (Check one) Yes No
- Is any member of the Board of Directors an employee of the NYS Education Department?
 Yes, please name _____ No

Section II: Certification

I hereby certify that the information herewith provided is to the best of my knowledge both accurate and true.

Chief Administrative Agency Official/Authorized Designee (**Please Print**)

Title

Signature - Chief Administrative Agency Official/Authorized Designee

Date

SED USE ONLY: Deputy Area/Program Office

Institution ID:

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I have reviewed the payee information contained herein and hereby approve this agency for payment.

Program Manager (Please Print) Deputy Area/Program Office

Signature - Program Manager Date

SED USE ONLY: Grants Finance

SED Agency Number/BEDS Code (if applicable):

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Institution Type:

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 Institution Subtype:

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Interest Eligible: yes no

Reviewer: _____ Date: _____

INSTRUCTIONS FOR COMPLETING NYSED FORMS: PAYEE INFORMATION/PI & SUBSTITUTE W-9

Complete **all sections** of the form(s) in accordance with the instructions provided below.

Section I: Institution Identifying Information:

- a) Provide the following information: exact legal name of the agency, complete address to which checks should be mailed, name & e-mail address of the agency contact person
- b) FEIN – This is your agency's 9 digit federal employer identification number, often referred to as the tax identification number or TIN.
- c) OSC Vendor Identification Number – This is a 10 digit number assigned by the Office of the State Comptroller (OSC) to your agency for the purpose of doing business with the State of New York.
 - If you know your agency's number, provide it on the Payee Information/PI Form.
 - If you do not know your agency's number**, contact OSC at VMU@osc.state.ny.us to obtain it so that it can be provided on the PI Form.
 - ❖ *If OSC notifies you that your agency does not yet have a vendor identification number* – Complete the NYSED Substitute W-9 provided herein according to the instructions on the form. Submit **both** forms (PI **and** the NYSED Substitute W-9) as both will be required for payments to your agency.
- d) Data Universal Numbering System/DUNS Number – This is a 9 character number issued by Dun & Bradstreet that identifies your agency. It is used by the federal government to track how federal grant funds are allocated & expended by NY State, the State Education Department, and local agencies. To search for your agency's DUNS number or to register for one, go to Dun & Bradstreet's website: <http://fedgov.dnb.com/webform/displayHomePage.do>.
- e) Central Contractor Registration (CCR) – This is a government-wide registry for organizations doing business with the federal government. It collects, validates, stores and disseminates business information about the federal government's trading partners. To register with CCR, go to <http://www.ccr.gov> & click on the "Start New Registration" link. Upon registration, your agency will be provided with an "Active Until" date. Failure to renew your registration ("Active Until Date") may delay payments from NYSED.

Section II: Agency Profile

- **Question 1** - Self-explanatory.
- **Question 2** – A sectarian organization is defined as one which is affiliated with a particular religious group. A non-sectarian organization has no religious affiliation.
- **Question 3** - "Chartered or incorporated" here means created by the NYS Board of Regents.
- **Question 4** - Self-explanatory.

Section III: Certification - Be sure to complete this section with an original signature.

Important Notes:

Changes to Vendor Information - If any of the information maintained by OSC in its vendor file changes, please contact OSC directly at VMU@osc.state.ny.us.

Electronic Payments - If your agency is not already signed up to receive payments electronically through ACH (Automated Clearing House), please enroll directly with OSC at <http://www.osc.state.ny.us/epay/index.htm>.



**NEW YORK STATE EDUCATION DEPARTMENT
 NYSED SUBSTITUTE FORM W-9:
 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION**

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Payee/Vendor/Organization Information

AGENCY ID:

1. Legal Business Name:

2. If you use a DBA, please list below:

3. Entity Type (Check one only):

- Sole Proprietor Partnership Limited Liability Co. Business Corporation Unincorporated Association/Business Federal Government
 State Government Public Authority Local Government School District Fire District Other _____

Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: (DO NOT USE DASHES)

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2. Taxpayer Identification Type (check appropriate box):

- Employer ID No. (EIN) Social Security No. (SSN) Individual Taxpayer ID No. (ITIN) N/A (Non-United States Business Entity)

Part III: Address

1. Physical Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

2. Remittance Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

Part IV: Certification of CEO or Properly Authorized Individual

Under penalties of perjury, I certify that I am the CEO or properly authorized individual and that the number shown on this form is my correct Taxpayer Identification Number (TIN).

Sign Here:

Signature

Date

Print Name

Phone Number

Email Address

Part V: Contact Information – Individual Authorized to Represent the Payee/Vendor/Organization

Contact Person: _____
(Print Name)

Title: _____

Contact's Email Address: _____ Phone Number: (____) _____

Part VI: Survey of Future Payment Methods

Please indicate all methods of payment acceptable to your organization:

- Electronic Check VISA

**NYS Education Department
Instructions for Completing NYSED Substitute W-9**

The NYS Education Department (NYSED) is using the NYSED Substitute Form W-9 to obtain certification of your TIN in order to facilitate your registration with the SFS centralized vendor file and to ensure accuracy of information contained therein. We ask for the information on the NYSED Substitute Form W-9 to carry out the Internal Revenue laws of the United States.

Any payee/vendor/organization receiving Federal and/or State payments from NYSED must complete the NYSED Substitute Form W-9 if they are not yet registered in the SFS centralized vendor file.

Part I: Payee/Vendor/Organization Information

1. **Legal Business Name:** For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **DBA (Doing Business As):** Enter your DBA name, if applicable.
3. **Entity Type:** Mark the Entity Type doing business with New York State.

Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN)¹ or Employer Identification Number.
2. **Taxpayer Identification Type:** Mark the type of identification number provided.

Part III: Address

1. **Physical Address:** List the location of where your business is physically located.
2. **Remittance Address:** List the location where payments should be delivered.

Part IV: Certification of CEO or Properly Authorized Individual

Please sign, date and print the authorized individual's name, telephone and email address. An email address will facilitate communication and access to Vendor Self Service.

Part V: Contact Information

Please provide the contact information for an individual who is authorized to make legal and financial decisions for your organization. An email address will facilitate communication and access to Vendor Self Service.

Part VI: Survey of Future Payment Methods

Payment methods are needed for informational purposes. To expedite payments, vendors are strongly encouraged to consider accepting payment via VISA credit card.

¹ An ITIN is a nine-digit number used by the United States Internal Revenue Service for individuals not eligible to obtain a Social Security Number, but are required to file income taxes. To obtain an ITIN, submit a completed W-7 to the IRS. The IRS will notify you in writing within 4 to 6 weeks about your ITIN status. In order to do business with New York State, **you must submit IRS Form W-8** along with our NYSED Substitute Form W-9 showing your ITIN. IRS Form W-8 certifies your foreign status. To obtain IRS Forms W-7 and W-8, call 1-800-829-3676 or visit the IRS website at www.irs.gov.