

STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

PLEASE SUBMIT FORM TO INVOICED AGENCY

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following boxes:

- Individual Sole proprietor C Corporation S Corporation Partnership Trust/Estate
- Non-Profit Entity Government (Local, State or Federal)
- Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) _____
- Other (see instructions) _____

Note: Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.

4 Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

5 Address: _____ Remit Address (if different): _____

6 City, state, and ZIP code _____ City, state, and ZIP code _____

Taxpayer Identification Number (TIN):

Social Security Number (SSN): _____ OR Employer Identification Number (EIN): _____ Month & Year Tax Id/Name changed _____

Certification:

Under penalties of perjury, I certify 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), and
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person: _____ Date: _____

Printed Name: _____ Contact Phone: _____

Comments or Business/Entity Notes: _____

ACH Enrollment: Initial Setup Change Close Account

This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.

| | | | |
|-----------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Financial Institution Name: | Nine Digit Routing Number: | Prior Routing Number: * | <input type="checkbox"/> Check here if the bank is outside of the United States. |
| Address: | Depositor Account Number: | Prior Account Number: * | <input type="checkbox"/> Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country |
| City, state and ZIP code: | Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | * Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska. | |

This account will be used for all payments by the State of Nebraska unless specified here: _____

E-mail: _____
(Used for ACH payment notifications.)

| | |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Authorized Individual or Entity Signature: | Attachment Required! (Select and attach one of the following items for verification): |
| Printed Name: | <input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check |
| Date: | <input type="checkbox"/> Letter from your financial institution |
| | <input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions |

AGENCY APPROVAL #1 -Signature: _____

DATE: _____

AGENCY APPROVAL #2 -Signature: _____

DATE: _____