

Statewide Payee Registration for Washington State Department of Labor and Industries

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

- NEW REGISTRATION** — complete the **ENTIRE** form (STEPS 1 — 6)
- EXISTING REGISTRATION** – complete the **ENTIRE** form (STEPS 1 – 6) and check below what is updated:
- Adding a New Provider Name/DBA Address Contact Information Email Payment Options
- Direct Deposit Additional Information

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

STEP 2: Enter information about the payee and contact person

Legal Name (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 (where payments will be sent)	Contact Telephone Number _____
City, State, and Zip Code	Contact Fax Number _____
Email to receive Statewide Vendor Number and payment notifications	<p>For L&I Use Only:</p> <p>2350 / MIPS / O /</p> <p>L&I # / System / Ownership / L&I Provider #</p>
Type of Business	

STEP 3: Select Payment Option:

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

If direct deposit is checked, complete STEP 4.

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 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 Consolidated Technology Services (CTS) 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, CTS 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, CTS will notify this office of the error and the reason for the reversal. This authority will continue until such time CTS 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

Continue to STEP 5

STEP 5: 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 (as shown on your income tax return)																					
2. Business Name, if different from Legal Name above – eg. 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 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 type="checkbox"/> (See instructions for W-9 to determine if you are exempt from backup withholding.)																					
6. Address (number, street, and apt. or suite no.)	Department of Labor and Industries Attn: Provider Credentialing and Compliance PO Box 44261 Olympia Wa 98504-4261																				
7. City, State, and ZIP code																					
8. Taxpayer Identification Number (TIN)																					
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). 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. 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.</i>																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>		Social security number																			
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9. 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																				

STEP 6: Submit to ONE of the following

For Medical Provider
 Provider Account Application & Pay Hold Releases: FAX: 360-902-4484
 Provider Network Application (WPA): FAX: 360-902-4563
 Crime Victims Compensation: FAX: 360-902-5333
Or mail to:
Provider Credentialing & Compliance
PO Box 44261
Olympia, WA 98504-4261

For questions contact Provider Credentialing: 360-902-5140 and select option 4

Instructions for the Statewide Payee Registration Form

The term 'payee' refers to an individual or business that received 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.**

Step 1: Is this a new registration or a change to an existing registration?

Select **NEW REGISTRATION** if:

- You have never completed the Statewide Payee Registration Form.
- You are changing the legal name of a payee already registered.
- You are changing the EIN (Employer Identification Number) or SSN (Social Security Number) of a payee already registered
- You are changing the reporting type (sole proprietor, corporation, etc) on an existing registration.

Select **CHANGE TO EXISTING REGISTRATION** for all other changes to an existing registration, and check the items that have changed. 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 form.

Step 2: Payee & contact information

Legal name of payee – enter the name as it appears on federal tax forms.

Business name – “doing business as” name. Enter only if different from legal name.

Payment address – enter the PO Box or street address where you want information 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:

- Notify you when your account has been set up.
- Notify you when changes you submitted have been made.
- Notify you when your payment has been processed, if you have signed up for direct deposit.

Type of business – enter the primary occupation of the payee.

SSN or EIN – enter the SSN or EIN you use with the IRS for the legal name entered.

Contact person – the person we can contact with questions about your registration.

Contact telephone number – telephone number of the contact person.

Contact fax number – fax number of the contact person.

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.

Step 3: Payment options

Indicate if you want to receive your payments via Direct Deposit or via US Mail.

Step 4: 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 – this is 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 – this is your bank account number, and can vary in length. It usually follows the routing number on the check

Account type – select the kind of account your payment will be deposited into. If you do not make a selection, funds will be transferred into the checking account.

Authorization Signature – in order for us to process the Direct Deposit, we need the signature of the person on file with the bank.

Step 5: 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 it appears on federal tax forms.

2. Business name – “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.

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. Select if you are exempt from backup withholding.

6. Address – enter the PO Box or street address where you would like your 1099 mailed.

7. City, State and ZIP

8. Taxpayer Identification Number – enter the Employer Identification Number (EIN) **OR** Social Security Number (SSN) 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.

9. SIGN the W-9

Step 6: Submit to one of the following:

Provider Network Application (WPA) FAX: 360-902-4563

Non-Network Provider Application FAX: 360-902-4484

Crime Victims Compensation FAX: 360-902-5333

Or mail application to: Provider Credentialing & Compliance
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