**LOCAL AGENCY ACCOUNT FUND AWARDEE PAYMENT INFORMATION**

**and SUBSTITUTE FORM W-9**

**I prefer to be paid by electronic funds transfer/ACH**

(Electronic payments are fast and secure)

**I prefer to be paid by check**

(Checks are disbursed once every two weeks)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Payment information** (all fields are required) | | | | | | | |
| Legal Business Name | |  | | | | | |
| **Entity Type:** (only check one) | | | | | | | |
| Individual |  | | Partnership |  | Trusts/Estates | |  |
| Limited Liability Co. |  | | Fed, State, Local Government |  | Disregarded Entity | |  |
| Public Authority |  | | Other |  |  | |  |
| Exempt Payee (check if applies) | | |  |  | | | |
| **\* Taxpayer Identification Number & Taxpayer Identification Type** | | | | | | | |
| Employer Identification Number (EIN) | |  | | Social Security Number | |  | |
| **Address Information** | | | | | | | |
| Street Address | |  | | | | | |
| City | |  | | | | | |
| State | |  | | | | | |
| Zip | |  | |  | |  | |
| **Applicant Contact Information** – Personnel Authorized to Represent the Applicant (all fields are required) | | | | | | | |
| Primary Contact Name | |  | | Secondary Contact Name | |  | |
| Title | |  | | Title | |  | |
| Phone # | |  | | Phone # | |  | |
| E-mail address | |  | | E-mail address | |  | |
| **If you have selected ACH/electronic fund payments, banking information will be collected by NYSERDA separately.**  **You will be contacted by NYSERDA to provide that information.** | | | | | | | |

**Certification and Exemption from Back up Withholdings**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (TIN), and

2. I am a U.S. citizen or other U.S. person, and

3. (Check one only):

I am not subject to backup withholding. I am (a) exempt from back up 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),or

I am subject to backup withholding. I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, and I have not been notified by the IRS that I am no longer subject to back withholding.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**See additional instructions on next page.**

**Instructions for Completing Substitute Form W-9**

NYSERDA must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYSERDA uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/supplier database and to avoid backup withholding.1 We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

\* The Taxpayer Identification Number must match legal business name to avoid back up withholdings. Payee name and EIN or SSN must match with information on file with the IRS.

If you have selected ACH/electronic payments, you will be contacted separately by NYSERDA to obtain banking information. Do not provide banking information on this form.

1 According to IRS Regulations, NYSERDA must withhold 28% of all payments if a payee/supplier fails to provide NYSERDA its certified TIN. The Substitute Form W-9 certifies a payee/vendor’s TIN.