Clear Form

Save Form

This form must be completed using Adobe Reader.

Print Form only, no instructions

Print Form & Instructions

U.S. House of Representatives

Substitute W-9 and ACH Vendor/Miscellaneous Payment Enrollment Form

INSTRUCTIONS

Internal Revenue Code 6109, 31 U.S.C. 3322, 31 CFR 210 and the 1996 Debt Collection Improvement Act require all entities that do business with the United States Government to provide a Tax Identification Number (TIN) and Electronic Funds Transfer (EFT) information for payment. PL 93-579 protects your privacy and mandates that the information never be published or used for any other purpose than to pay you. Please complete all sections below, sign and return via the email or fax number listed.

RETURN FORM TO: **vendorEFT@mail.house.gov** **FAX NUMBER: (202) 225-6914**

SECTION I UNITED STATES HOUSE OF REPRESENTATIVES INFORMATION

ADDRESS: US HOUSE OF REPRESENTATIVES - ACCOUNTING, 3110 O'NEILL HOUSE OFFICE BUILDING, WASHINGTON DC 20515

AGENCY IDENTIFIER: 53-6002523 AGENCY LOCATION CODE 4832 TELEPHONE NUMBER (202) 226-2277

SECTION II PAYEE/COMPANY INFORMATION

NAME AS SHOWN ON YOUR INCOME TAX RETURN	BUSINESS NAME/DISREGARDED ENTITY NAME OR DBA, IF DIFFERENT THAN NAME ON YOUR INCOME TAX RETURN
ADDRESS/CITY/STATE/ZIP	Enter the correct Tax Identification Number type SOCIAL SECURITY NUMBER (SSN) ☐☐☐—☐☐—☐☐☐☐ or EMPLOYER TAX ID NUMBER (EIN) ☐☐—☐☐☐☐☐☐☐
CONTACT PERSON NAME	PURCHASE ORDER ADDRESS/CITY/STATE/ZIP
EMAIL	PO EMAIL
TELEPHONE NUMBER / FAX NUMBER	TELEPHONE NUMBER / FAX NUMBER

REMIT TO ADDRESS

CHECK APPROPRIATE BOX FOR FEDERAL TAX CLASSIFICATION (required)

☐ Individual/Sole Proprietor or Single Member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate

Limited Liability Company. Check the tax classification: ☐ C corporation ☐ S corporation ☐ Partnership

Note. For a *single-member LLC* that is disregarded, check the appropriate box for the tax classification of the single-member owner.

Government Entity. Check the tax classification: ☐ Federal ☐ State ☐ Local

☐ Other ____________________

IRS

Exemptions (codes apply only to certain entities, not individuals):

Exempt payee code (if any) __________

Exemption from FATCA reporting code (if any) __________

(Applies to accounts maintained outside the U.S.)

SECTION III FINANCIAL INSTITUTION INFORMATION

U.S.)

BANK NAME	**TELEPHONE NUMBER**
NINE-DIGIT ROUTING TRANSIT NUMBER	
DEPOSITOR ACCOUNT TITLE	
DEPOSITOR ACCOUNT NUMBER	LOCKBOX NUMBER

TYPE OF ACCOUNT ○ CHECKING ○ SAVINGS ○ LOCKBOX

SECTION IV SOCIO-ECONOMIC INFORMATION

Type of Business	○ *Large Business-No Socio-Economic Designations* ○ *Minority* ○ *SmBusiness* ○ *Sm-Disadv/Minority* ○ *Sm-Disadv Only* ○ *SmMin Only*
Sm-Disadvantaged Business Prog	○ 8 (a) Firm ○ HUBZone Program ○ *HUBZone Eligible* ○ *Emerging Small Business* ○ *Women-Owned Business*
Other Preference Programs	○ Buy Indian ○ *Directed to JWOD Non-Profit* ○ *No Preference/Not Listed* ○ *Small Business Set-Aside* ○ *Very Small Business Set-Aside*
Veteran Owned Status	○ *Non-Vet Owned SmBus* ○ *Other Vet Owned SmBus* ○ *Serv-Disabled Vet Other Bus* ○ *Serv-Disabled Vet Owned SB* ○ *Vet-Owned Other Bus*
Size of Business:	○ *(A) 50 or less* ○ *(B) 51-100* ○ *(C) 101-250* ○ *(D) 251-500* ○ *(E) 501-750* ○ *(F) 751-1,000* ○ *(G) Over 1,000* ○ *(M) 1 million or less* ○ *(N) 1.1-2 million* ○ *(P) 2.1-3.5 million* ○ *(R) 3.1-5 million* ○ *(S) 5.1-10 million* ○ *(T)10.1-17 million* ○ *(Z)Over 17 million*

SECTION V CERTIFICATION OF DATA BY PAYEE/COMPANY

NAME		TITLE/POSITION
SIGNATURE	DATE	TELE

Instructions for Completing
U.S. House of Representatives
Substitute W-9 and ACH Vendor/Miscellaneous Payment Enrollment Form

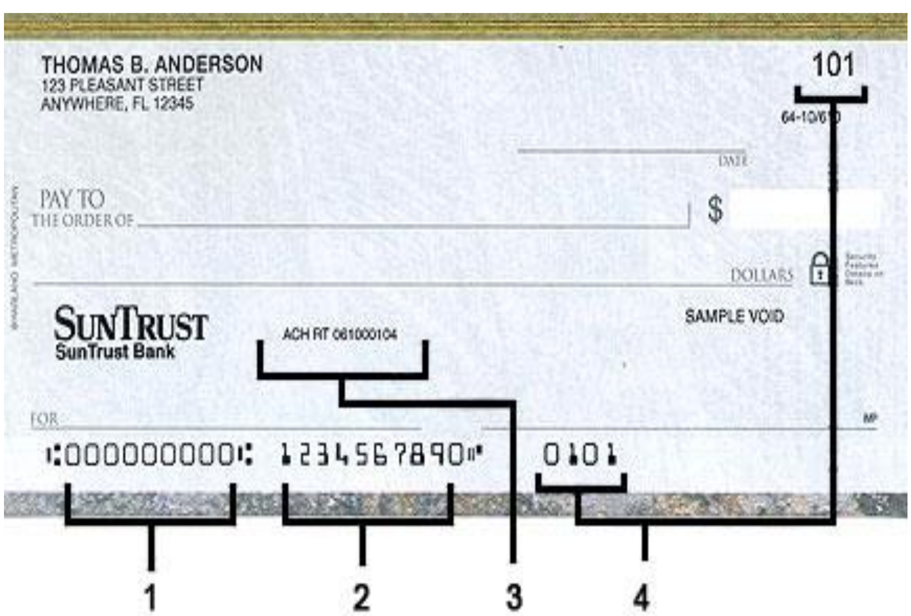
Section I - Agency Information – Includes the name and address, agency identifier, agency location code and telephone number for the House of Representatives.

Section II - Payee/Company Information – Print or type the name of the payee/company and address that will receive payment, social security or taxpayer ID number, contact person name, telephone number and email of the payee/company. Print or type the purchase order and remit to addresses if different from the payee/company address. Check the appropriate boxes for federal tax classification.

Section III - Financial Institution Information – Print or type the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Check the appropriate box for type of account. Payee/Company may include a voided check with this form.

ACH Account Information Located on a Check or Deposit Ticket

FINANCIAL INSTITUTION NAME	name of the financial institution to which the payments are to be directed
ROUTING TRANSIT NUMBER (RTN)	financial institution's 9 digit routing transit number; *found on the bottom of a check or deposit ticket or from your Financial Institution*
ACCOUNT TITLE	employee's or vendor's name on the account
ACCOUNT NUMBER	account number at the financial institution



1. Routing Transit Number (RTN) – nine digits located between two symbols. This number identifies the bank holding your account and check processing center.
2. Account number – this is your complete account number. Your account number can be up to 17 digits. Please include leading zeros.
3. ACH Routing Transit Number – Automated Clearing House routing number, use this number for your Routing Transit Number (RTN) if you bank with ***SunTrust Bank***.
4. Check number – This information is not necessary - do not provide

Section IV - Socio-Economic Information – Check the boxes for each category, if applicable: type of business, small disadvantaged business program, HUBZone program, emerging small business, women-owned business, other preference programs, Veteran owned status and size of business. Detailed information related to Small Business programs can be found at http://www.sba.gov/.

Section V - Certification of Data By Payee/Company – Print or type the name, title/position and phone number of the Authorized official. The Authorized official must sign and date the form.