| **State of Louisiana** **Office of Statewide Reporting & Accounting Policy** VENDOR INFORMATION | | | | |
| --- | --- | --- | --- | --- |
| vendor Information | | | | |
| **\*Name Used for IRS Filings:** | | | | |
| **\*Trade Name/DBA:** | | | | |
| **\*Taxpayer ID Number (TIN):** | | | | |
| **\*Company Type (Select Only One)**  Individual  Sole Proprietorship  Corporation  Partnership  Governmental  Limited Liability Company (LLC)  If LLC, please choose LLC Classification:  Corporation  Partnership  Disregarded Entity  Non-Profit  If Non-Profit, please choose a Tax Exemption Code:  501(a) Tax Exempt  501(c)(3) Tax Exempt  Other | | | | |
| **Select if Applicable:**  Legal Services  Louisiana State Agency  Federal Agency  Medical Services  LA Local Government  Other Government | | | | |
| **\*Primary Contact:** | | | | |
| \*First Name:       \*Last Name:  \*Phone: (     )      Ext:       \*Fax: (     )      \*Email: | | | | |
| **\*Physical Address:** | | | | |
| Address Line 1: | | | | |
| Address Line 2: | | | | |
| City: | | State: | ZIP Code: | |
| **\*Payment/Remittance Address:** Check If Same As:  Physical | | | | |
| Address Line 1: | | | | |
| Address Line 2: | | | | |
| City: | | State: | ZIP Code: | |
| **\*Payment/Remittance Contact:** Check if Same As:  Physical | | | | |
| \*First Name:       \*Last Name:  \*Phone: (     )      Ext.       \*Fax: (     )      \*Email: | | | | |
| Certification | | | | |
| Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. | | | | |
| **Signature of**  **U.S. person▶** | | | **Date▶** | |
| Vendor, please return this completed form to the State Agency you are doing business with.  Fields marked with an asterisk (\*) are required. | | | | |
| agency information | | | | |
| \*Agency Name: | | | | \*Agency Number: |
| \*Agency Contact Name (Individual submitting this form to OSRAP): | | | | |
| \*Phone: | \*E-mail: | | \*Fax: | |
| **Upon completion, fax this form AGENCY: Please include the LAGOV 9 digit Vendor**  **and a Current W-9 to: number assigned to this Vendor:**  **Fax: (225) 342-0960**  **ATTN: OSRAP Vendor Section** | | | | |