

SUPPLIER (VENDOR) MANAGEMENT FORM

Agency Vendor Liaisons MUST review this form to ensure the supplier has completed the appropriate highlighted sections 2-5.

Agency Vendor Liaisons MUST complete Section 1 the "AGENCY LIAISON USE ONLY" section prior to submission to SAO.

SECTION 1 – STATE OF GEORGIA-AGENCY LIAISON USE ONLY CHECK ONE AND ENTER ID NUMBER
Newly Assigned Supplier ID
Existing TeamWorks Supplier ID
SPECIFY THE TYPE OF ACTION(S) REQUESTED BY THE SUPPLIER (VENDOR)
Change Bank Acct - Enter Loc# (Required for Bank Changes)
Change Address – Enter Addr ID# (Required for Address Changes)
Replace Invoicing Address Loc# Addr ID# Replace Remittance Address Loc# Addr ID#
HCM Vendor
Statewide Contract (DOAS Use Only)
Classification Change (circle one) Attorney, Gov Non-State of GA, HCM, Non-Supplier, Student, Supplier Minority, Supplier Non-minority
Other (Provide Details in Section 6 and Initial)
SECTION 2 – SUPPLIER IDENTIFICATION (Complete all applicable fields) SUPPLIER USE ONLY FEI/SSN/TIN NUMBER: SUPPLIER NAME: PAYMENT ALT NAME: (IF PAYABLE TO A DIFFERENT NAME)
ADDRESS:
CITY:
COUNTRY: DRIVERS LICENSE #: DL STATE:
PRIMARY#:EXT:SECONDARY#:EXT:EX
LANDLINE CELL (USED FOR IDENTITY VERIFICATION) LANDLINE CELL (USED FOR IDENTITY VERIFICATION)
CONTACT EMAIL:
SECTION 3 – BANK ACCOUNT INFORMATION (REQUIRED FOR ALL NEW SUPPLIERS OR BANKING CHANGES/ADDS FOR EXISTING SUPPLIER USE ONLY
ROUTING # ACCOUNT #
Check here if General Bank Account can be used by ALL State of Georgia agencies making payments. Check here if this account can only be used for a SPECIFIC PURPOSE.
Describe specific purpose
ACCOUNTS RECEIVABLE NOTIFICATION
PYMT REMIT EMAIL:
I authorize the State of Georgia to deposit payment for goods and/or services received into the provided bank account by the Automated Clearing House (ACH). I further acknowledge that this agreement is to remain in full effect until such time as changes to the bank account information are submitted in writing by the vendor or individual named below. It is the sole responsibility of the vendor or individual to notify the State of Georgia of any changes to the bank account information. The State of Georgia independently authenticates bank account ownership.
Printed Name of Company Officer Signature of Company Officer Date

SECTION 4 – SPECIFY TYP Deactivate Supplier Profile	Entor instification in C	tion 6			
	Enter justification in Sec				
Reactivate Supplier Profile Add New Bank Account (Mu	et complete Costion 1	2)			
Change <u>Existing</u> Bank Accou					
FEI/TIN Change (Cannot be		cable)			
Supplier (Business) Name C	-				
Add <u>Additional</u> Business Ad					
Change Existing Business A	_	e Sections 1 & 2)			
Non- 1099 Applicable	1099 Applicable				
1099-M	Enter Code	(Required for Form			
1099-N	Code 01		available for the 1099-NEC)		
099 ADDR ID# (Enter)	Address ID # where to me	ail 1099)			
Other (Provide Details in Sect	ion 6)				
ECTION 5 – TYPE OF BUS	INESS (Check All Tha	<mark>at Apply)</mark>			
BUSINESS CERTIFICAT	IONS – CHECK ALL 1	ΓΗΑΤ ΑΡΡΙΥ	MINORITY B	USINESS ENTERPRISE (51% Owned):
*Small Business		nen Owned	Hispanic – Latino	African American	Native America
GA Resident Business		Business Certified	Asian American	Pacific Islander	Not Applicable
				i ucific isiufiuci	Not Applicable
ave 300 or less employees OR \$30	21) (3) "Small Business" i million or less in gross re	means any business w ceipts per year.	/hich is independently owned ar		
ave 300 or less employees OR \$30	21) (3) "Small Business" i million or less in gross re	means any business w ceipts per year.	/hich is independently owned ar		
eve 300 or less employees OR \$30 ECTION 6 – ADDITIONAL S Provide the second state of	21) (3) "Small Business" i million or less in gross re SUPPLIER COMIMEN SUPPLIER COMIMEN at all reasonable eff 's name and Tax ID	means any business were interesting the per year.	L	ate" boxes are check that is complete, accu Agency BU#:	ed in Section 1
Based on Georgia law (OCGA 50-5- ave 300 or less employees OR \$30 ECTION 6 – ADDITIONAL S ECTION 6 – ADDITIONAL S Section 1 - ADDITIONAL S Comparison 1 - ADDITIONAL S Com	21) (3) "Small Business" i million or less in gross re SUPPLIER COMIMEN SUPPLIER COMIMEN at all reasonable eff 's name and Tax ID	means any business were interesting the per year.	L	ate" boxes are check that is complete, accu Agency BU#:	<mark>ed in Section 1</mark> Irate, true, and

► Go to www.irs.gov/FormW9 for instructions and the latest information.

	2 Business name/disregarded entity name, if different from above	
Is on page 3.	following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)
type	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶	· · · · · · · · · · · · · · · · · · ·
Print or type. Specific Instructions	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is	Exemption from FATCA reporting code (if any)
ecif		Applies to accounts maintained outside the U.S.)
See Sp	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and	d address (optional)
0)	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	
Par	t I Taxpayer Identification Number (TIN)	
		rity number
reside	p withholding. For individuals, this is generally your social security number (SSN). However, for a nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>] - [] - []]

TIN, later.			-
Note: If the account is in more than one nar	me, see the instructions	for line 1. Also see Wha	t Name and
Number To Give the Requester for quideline	es on whose number to e	enter	

Certification Part II

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 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
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign	Signature of
Here	U.S. person ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

· Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

or

Employer identification number

• Form 1099-S (proceeds from real estate transactions)

Date 🕨

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest),
- 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



SECTION 1- AGENCY LIAISON USE ONLY

This section MUST be completed in its entirety unless otherwise indicated in the description boxes below.

New Assigned Supplier ID	Required, if the supplier is unapproved. Select the checkbox and enter the Supplier ID Number.
Existing TeamWorks Supplier ID	Required, if the supplier is approved or inactive. Select the checkbox and enter the Supplier ID Number.
Change Bank Acct – LOC#	Required, if the request is to change the supplier's existing bank information. Select the checkbox and enter the Location in TeamWorks to change.
Change Address - #	Required, if the request is to change the supplier's existing address. Select the checkbox and enter the Address ID number in TeamWorks to change.
Replace Invoicing Address	This option is required to change a Location's Invoice Address. Select the checkbox and enter the Location # and the new AddrID#
Replace Remittance Address	This option is required to change a Location's Remittance Address. Select the checkbox and enter the Location # and the new AddrID#
HCM Vendor	Required, if the request is for an HCM supplier. Select the checkbox.
Statewide Contract (DOAS Use Only)	This option is required for DOAS only. Select the checkbox if the supplier is under an SWC or to identify a supplier as an SWC vendor.
Classification Change	Required, if the request is to change the supplier's current Classification. Circle the new Classification.
Other	Only select this option if the request is not listed in Section 4. Must provide details in Section 6.

SECTION 2 - SUPPLIER IDENTIFICATION (SUPPLIER USE ONLY)

This section MUST be completed in its entirety unless otherwise indicated in the description boxes below.

SUPPLIER NAME	Required. If requesting a name change, enter the new supplier's name.
FEI/SSN/TIN	Required. If requesting a TIN change, enter the new FEI/TIN and include an updated W9.
PAYMENT ALT NAME	 Optional. SUBMIT AS AN ADDRESS REQUEST 1. Complete if payments should use a different name than is indicated above. 2. If requesting to change the Payment ALT name, enter the new ALT
	name. 3. Do not add the same name that is in the Additional Name field in TeamWorks.
ADDRESS/CITY/STATE/ZIP/COUNTRY	Required. If requesting to change address, enter the new address.
DRIVER'S LICENSE #/DL STATE	Optional (For individuals only).
PHONE NUMBERS	Required. Enter the direct number to the authorized business contact person.
CONTACT EMAIL	Optional.

SECTION 3- BANK ACCOUNT INFORMATION (SUPPLIER USE ONLY)

This section MUST be completed in its entirety, for all <u>new suppliers</u> and banking <u>changes/additions</u> for existing suppliers. Payments will be made electronically via the Automated Clearing House (ACH).

ROUTING #	Required. Must be 9-digits.
BANK ACCOUNT #	Required.
GENERAL BANK ACCOUNT	Required. Select if <u>ALL PAYMENTS</u> from <u>ALL AGENCIES</u> should be deposited to
GENERAL BANK ACCOUNT	the account provided.
SPECIFIC PURPOSE	Required. Select if bank account should be designated for Specific Purpose such
SFECIFIC FORFOSE	as grants, operating accts, Pre-K, etc.
	Optional, but Recommended to receive notification of payment(s) processed.
	Enter the email address where to send payment notifications.
PYMT REMIT EMAIL	To add or change a payment remit email address for existing bank information,
	submit as a bank change request.
PRINTED NAME OF COMPANY	Required.
OFFICER	Required.
SIGNATURE OF COMPANY OFFICER	Required. Must be the electronic signature embedded in the VMF or an ink
SIGNATORE OF CONFAINT OFFICER	signature. Stamps, script fonts, etc. are unacceptable.
DATE	Required. This date cannot be more than 60 days old from the date SAO
DATE	receives the VMF.

SECTION 4- SPECIFY TYPE OF ACTION(S)

Select all items that pertain to this request. If no selection is made, the form will be rejected.

DEACTIVATE SUPPLIER PROFILE	Select if requesting to deactivate a supplier profile. A justification MUST be provided in Section 6.
REACTIVATE SUPPLIER PROFILE	Select if requesting to reactivate an inactive supplier profile. If the supplier was previously denied approval, select this option.
ADD NEW BANK ACCOUNT	Select when requesting to add bank account information to your profile. Must also complete Section 3 of the form.
CHANGE EXISTING BANK ACCOUNT	Select if requesting to <u>change</u> the current banking information on your profile. Must also complete Section 3 of the form with new bank information.
FEI/TIN CHANGE	Select if changing FEIN/TIN. Enter the <u>new number</u> in Section 2 and submit the current updated W9.
SUPPLIER (Business) NAME CHANGE	*If 1099 applicable, the FEI/TIN cannot be changed* Select if changing supplier/business name.Enter the <u>new name</u> in Section2 and submit the current updated W9.
ADD ADDITIONAL ADDRESS	Select if adding an <i>additional</i> business address. Enter the additional address in Section 2 of the form.
CHANGE EXISTING ADDRESS	Select if changing current business address. Enter the <u>new address</u> in Section 2 of the form.
NON – 1099 APPLICABLE	Select to change a supplier that is currently 1099 applicable to non-1099 applicable.
1099 APPLICABLE	Select to change a supplier that is currently NOT 1099 applicable to a 1099 supplier.
1099-M/ENTER CODE	Required, if requesting to make a supplier 1099 applicable who will receive a 1099-M (excluding non-employee compensation). Enter the appropriate code in the Code field.
1099-N/CODE	Required, if requesting to make a supplier 1099 applicable who will receive a 1099-NEC for Non-employee Compensation. '01' is the only valid code the 1099-N.
1099 ADDR ID#	Enter the Addr ID number where to mail the Supplier's 1099.
OTHER	Select if the requested action is <i>not</i> listed in Section 4. Must provide request details in Section 6.

SECTION 5- TYPE OF BUSINESS

This section should only be completed if applicable. Please review the category definitions below.

BUSINESS CERTIFICATIONS		
SMALL BUSINESS	Based on Georgia law (OCGA 50-5-21) (3) "Small business" means any business which is independently owned and operated. Additionally, such business must have either less than 300 employees OR less than \$30 million in gross receipts per year.	
GEORGIA RESIDENT BUSINESS	Based on Georgia law (OCGA 50-5-121) (2) "Georgia resident business" means any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.	
MINORITY BUSINESS CERTIFIED	Companies desiring to certify as a "minority business enterprise" or a "minority subcontractor" may do so by first submitting an application for the Disadvantaged Business Enterprise (DBE) Certification to GDOT. Only suppliers who have successfully completed the DBE certification process and registered in Team Georgia Marketplace are listed as a "Certified Minority Business Enterprises".	
WOMEN-OWNED	Women-owned businesses are not considered minority businesses in the State of Georgia.	

SECTION 6 - ADDITIONAL SUPPLIER COMMENTS

This section MUST be completed to "Deactivate" a profile or address if "Other" is selected in Section 4.

Liaison Name	Required. Enter only the name of the certified Agency Liaison submitting the request.
Agency B/U	Required. Enter the Agency's 5-digit Business Unit number.
Signature	Required. Must be the electronic signature embedded in the VMF or an ink signature. Stamps, script fonts, etc. are unacceptable.
Date	Required. The date entered is the date the Agency Liaison signed the VMF. This date cannot be prior to the signature date of the supplier in Section 3.
Email	Required. Enter the Agency Liaison's email address.
Phone	Required. Enter the Agency Liaison's phone number.