



State of New Hampshire  
VENDOR APPLICATION

VENDOR # \_\_\_\_\_  
(Assigned by Purchase & Property)

**BUSINESS NAME/ADDRESS LOCATION**

Legal Business Name: \_\_\_\_\_

Doing Business As Name: \_\_\_\_\_

Payment Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Website: \_\_\_\_\_ E-Mail (Main Office): \_\_\_\_\_

**Electronic Payment Option:** Please contact Treasury at [treasury@treasury.state.nh.us](mailto:treasury@treasury.state.nh.us) or visit their website at [www.nh.gov/treasury](http://www.nh.gov/treasury) for further information on this option.

**TYPE OF BUSINESS**

(Note: Registration with the NH Secretary of State MUST be done prior to the awarding of any contracts) [www.nh.gov/sos/corporate](http://www.nh.gov/sos/corporate) (603) 271-3244

Registered with NH Secretary of State? \_\_\_\_\_ State Incorporated In: \_\_\_\_\_

Service Provider  Product/Merchandise Provider  Other Provider

List the principal type of service, product or other that is provided: \_\_\_\_\_

Minority Institutions  Minority Owned Large Business  Minority Owned Small Business

Disabled Veteran Business  Svs Disabled Veteran Owned  Veteran Owned Small Business

Physically Challenged Bus  SBA Cert Fin Disadvantaged Bus  SBA Cert Hist Underutilized Bus

Historically Black Colleges  Women Owned Sm Bus  Women Owned Large Businesses

Small Business  SBA Cert Sm Disadvantaged Bus

**SIGNATURE BLOCK**

I certify the above information to be correct and grant authorization to the State of New Hampshire to investigate any and all facts contained therein, including facility visitation.

Name and Title (print or type): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN ADDRESS**

(Phone) 603-271-3551  
(Fax) 603-271-1109

**AGRICULTURE, MARKETS & FOOD  
PO BOX 2042  
25 CAPITOL STREET  
STATE HOUSE ANNEX  
CONCORD NH 03302-2042**



# STATE OF NEW HAMPSHIRE ALTERNATE W-9 FORM

PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

**VENDOR #** \_\_\_\_\_  
(Assigned by Purchase & Property)

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 28% withholding on each payment made to you. To avoid this 28% withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

If a service provider is a part of a **GROUP PRACTICE**, it is the group name & TIN which is required on this Alternate W-9.  
If the service provider is a **SOLE PROPRIETOR**, it is the individual name & TIN which is required on this Alternate W-9.

**BUSINESS NAME:** \_\_\_\_\_

**Doing Business As Name:** \_\_\_\_\_

**PAYMENT ADDRESS:** \_\_\_\_\_

**CITY/TOWN:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**CITY/TOWN:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TAXPAYER IDENTIFICATION NUMBER (TIN)** as used on IRS tax return

**Social Security # (SSN):** \_\_\_\_\_ **Fed ID # (EIN/FIN):** \_\_\_\_\_

**PRINCIPAL ACTIVITY**

Service Provider     Product/Merchandise Provider     Other Provider

List the principal type of service, product or other that is provided: \_\_\_\_\_

**DESIGNATION** (select ONLY THOSE which apply to you/your organization as provided to the IRS)

Individual/Sole-Proprietor     Corporation (S)     Government  
 LLC (C Corporation)     Corporation (C)     Medical or Health Care Services  
 LLC (S Corporation)     Partnership     Legal Services  
 LLC (P Partnership)     Estate or Trust     Non-Profit

**EXEMPTIONS:** \_\_\_\_\_ Exemption from FATCA reporting: \_\_\_\_\_

*Under penalty of perjury, I declare that the information provided is true, correct & complete, to the best of my knowledge & belief.*

**NAME & TITLE** (print or type): \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **CELL PHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **E-Mail (Main Office):** \_\_\_\_\_

**PLEASE RETURN WHEN COMPLETED TO:** **AGRICULTURE, MARKETS & FOOD**  
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