

**SUBSTITUTE W-9 FORM**  
**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

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**1. Please complete general information:**

Taxpayer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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**2. Circle the most appropriate category below: (please circle only one)**

- 1) Individual (not an actual business)
  - 2) Joint account (two or more individuals)
  - 3) Custodian account of a minor
  - 4) a. Revocable savings trust (grantor is also trustee)  
b. So-called trust account that is not a legal or valid trust under state law
  - 5) Sole proprietorship (using a social security number for the taxpayer ID)
  - 6) Sole proprietorship (using a federal employer identification number for the taxpayer ID)
  - 7) A valid trust, estate, or pension trust
  - 8) Corporation
  - 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
  - 10) Partnership
  - 11) A broker or registered nominee
  - 12) Account with the U.S. Department of Agriculture in the name of a public entity that receives agricultural program payments
  - 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)
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**3. Fill in your taxpayer identification number below: (please complete only one)**

- 1) If you circled number 1-5 above, fill in your Social Security Number

\_\_ - \_\_ - \_\_ - \_\_ - \_\_ - \_\_

- 2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).

\_\_ - \_\_ - \_\_ - \_\_ - \_\_ - \_\_

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**Sign and date the form:**

Certification – Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number. If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

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

Title (if applicable): \_\_\_\_\_

Medicaid ID: Medicaid ID: \_\_\_\_\_

Provider Name: \_\_\_\_\_



**STATE OF TENNESSEE  
BUREAU OF TENNCARE  
310 Great Circle Road  
NASHVILLE, TENNESSEE 37243**  
<http://www.tennessee.gov/tenncare/>

## **Direct Deposit Enrollment**

The Bureau of TennCare is pleased to continue financial provision for our providers. It is important for you to know about changes being made that will affect how your business transactions take place.

In order to better serve both you and the state of Tennessee it is vital for us to make payments with an ACH (Automated Clearing House) or direct deposit method similar to a wire transfer. Currently you are set up to receive written warrants, a slower and less efficient method of payment.

The ACH system will:

- ✓ Increase the speed of receiving your payment
- ✓ Decrease the chance of a lost or stolen check
- ✓ Make payment easier through automation
- ✓ Link your department with all state departments for payment

These forms are enclosed. Please complete the forms and be sure to attach a voided check (for checking accounts) or a voided deposit slip (for savings accounts) and return to the address below so we may better serve you. The process will take approximately 30 days to enable your account to receive your first payment through ACH, once all the properly prepared forms have been received by our office.

Bureau of TennCare  
Division of Budget/Finance, 4-East  
c/o April Carter  
310 Great Circle Road  
Nashville, TN 37243  
Fax: (615) 532-3479

If there are any questions concerning this form, don't hesitate to call April Carter at (615) 507-6362.

Sincerely,

Margaret Walker  
Director of Accounting  
Bureau of TennCare

Medicaid ID: \_\_\_\_\_

Provider Name: \_\_\_\_\_

STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
**ACH (AUTOMATED CLEARING HOUSE) CREDITS (NOT WIRE TRANSFERS)**

NAME \_\_\_\_\_

Federal Identification Number or Social Security Number \_\_\_\_\_  
*(Under which you are doing business with the State)*

I (We) hereby authorize the State of Tennessee, hereafter called the STATE, to initiate credit entries to my (our) *(select type of account)*  
\_\_\_\_\_ CHECKING or \_\_\_\_\_ SAVINGS account indicated below and the depository named below, hereinafter called DEPOSITORY,  
to credit the same to such account.

This authority is to remain in full force and effect until the STATE has received written notification from me (or either of us) of its termination in  
such time and in such manner as to afford the STATE and DEPOSITORY a reasonable opportunity to act on it.

\*\*\*\*\*  
Do you currently receive payments from the STATE through ACH? \_\_\_\_ *(Yes or No)*. If yes, do you intend for this account information to replace  
other existing account information currently used by the STATE? \_\_\_\_ *(Yes or No)*. If yes, please specify the account that should be changed: ABA  
No. \_\_\_\_\_ Account No. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*  
Many banking institutions use different numbers for ACH. Please call your bank for verification of ACH transit and account number.

Bank official contacted: \_\_\_\_\_ Phone No. \_\_\_\_\_

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DEPOSITORY/BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ACH TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

NAME(S) \_\_\_\_\_  
*Please print names of authorized account signatory*

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_ SIGNED X \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK (OR FOR SAVINGS ACCOUNTS, A DEPOSIT SLIP):**

PLEASE INDICATE ADDRESS TO WHICH YOU WOULD LIKE YOUR REMITTANCE ADVICES ROUTED  
WHEN PAYMENTS ARE PROCESSED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact name: \_\_\_\_\_

Telephone no: \_\_\_\_\_

Provider # \_\_\_\_\_

NPI # \_\_\_\_\_

**FOR STATE USE ONLY**  
Contact Agency: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_