

COMMUNITY COLLEGE SYSTEM OF NH

ALTERNATE W-9 FORM

PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

VENDOR # _____
(Assigned by CCSNH)

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: _____

ADDITIONAL or DBA NAME: _____

LEGAL NAME: _____

REMIT 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 Partnership/LLP Government
 Corporation Estate or Trust Health Care Provider
 LLC Non-Profit
(attach exemption) Legal Services

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 #: _____ **TOLL FREE #:** _____ **FAX #:** _____

SIGNATURE: _____ **DATE:** _____

PLEASE RETURN WHEN COMPLETED TO: White Mountains Community College
2020 Riverside Drive
Berlin, NH 03570
Attn: Brenda Bailey
(Phone) 603-342-3055
(FAX) 603-752-6335



CCSNH ACH ENROLLMENT FORM FOR DIRECT DEPOSIT (ACH CREDITS)

___ NEW

___ CHANGE

___ DELETE

Company/Vendor Name

Taxpayer Identification Number(TIN)

Name _____
(Hereinafter called "Vendor/Company")

EIN/FIN _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Vendor Contact: _____ (contact for form questions)
Name Phone #

Vendor Bank Information:

Bank Name: _____

ABA Routing/Transit Number: _____

Bank Account Number: _____

Bank Account Type (check or Savings): _____

Please attach a copy of a voided check or savings deposit slip to this form as part of the authorization.

*For Bank Account Changes:

Old Bank Account Number: _____

Old Account Type (Checking or Savings): _____

*This information is required for bank account changes

Vendor Email Address for Remittances:

Please provide an email address that is accessed by two or more staff members (60 character limit – you may provide more than one address). For Larger organizations, an email distribution address is recommended.

Email Address: _____

I (we) hereby authorize the Community College System of NH, hereinafter called CCSNH, to initiate change or cancel credit entries to the account and financial institution indicated on this form. I (we) acknowledge that the origination, change or cancellation of ACH transactions to my (our) account must comply with the provisions of United States law. This authorization is to remain in full force and effect until CCSNH has received written notification from the Vendor/Company of its termination in such time and in such manner as to afford CCSNH a reasonable opportunity to act on it.

Acknowledgement: State of _____, County of _____. On _____, before me, the undersigned officer, personally appeared the person named below, or satisfactorily proved to be the person whose name is signed below and acknowledged that s/he executed this document for the purposes herein contained.

[SEAL]

Signature of Vendor/Company Authorized Signor

Signature of Notary of Public of Justice of the Peace

Please mail completed forms to:
ATTN: Beverly Adams
Community College System of NH
26 College Dr
Concord, NH 03301

Vendor Number