

## STATE OF NEBRASKA W-9 &amp; ACH ENROLLMENT FORM

## PLEASE SUBMIT FORM TO INVOICED AGENCY

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Jane Doe

2. Business name/disregarded entity name, if different from above

3. Check appropriate box for federal tax classification; check only one of the following boxes:

☒ Individual ☐ Sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate☐ Non-Profit Entity ☐ Government (Local, State or Federal)☐ Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership)☐ Other (see instructions)

Note: Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.

4. Exemptions (see instructions): Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

5. Address:

Remit Address (if different):

1700 Y Street

6. City, state, and ZIP code

City, state, and ZIP code

Lincoln, NE 68588

## Taxpayer Identification Number (TIN):

Social Security Number (SSN):

OR

Employer Identification Number (EIN):

## Certification:

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 due to failure to report interest and dividend income, and

3. I am a U.S. citizen or other U.S. person (defined in the instructions), and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person: Jane Doe

Digitally signed by Jane Doe  
Date: 2024.03.19 11:10:13 -0500

Date: 3/19/2024

Printed Name: Jane Doe

Contact Phone:

Comments or Business/Entity Notes:

## ACH Enrollment: (Rev. December 2014)

☐ Initial Setup☐ Change☐ Close Account

This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.

Financial Institution Name: FNBO	Nine Digit Routing Number: 123123123	Prior Routing Number: *	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address: 5522 Jackson St	Depositor Account Number: 78574	Prior Account Number: *	<input type="checkbox"/> Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country.
City, state and ZIP code: Omaha, NE	Type of Account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	

This account will be used for all payments by the State of Nebraska unless specified here:

E-mail: janedoe@gmail.com

(Used for ACH payment notifications)

Authorized Individual or Entity Signature: Jane Doe

Digitally signed by Jane Doe  
Date: 2024.03.19 11:10:28 -0500

Printed Name: Jane Doe

Title:

Date 03/19/2024

## Attachment Required!

(Select and attach one of the following items for verification):

☒ Blank check (voided) or ☐ Photocopy of a cleared check☐ Letter from your financial institution☐ Vendor invoice or letter which contains printed ACH instructions

Internal Use Only: