☐ New
☐ Modification

Click to Reset

EZ Vendor Registration Application

Commonwealth of Kentucky

Office of the Controller
702 Capitol Ave, Room 484
Frankfort, KY 40601

(502) 564-9641
(877) 973-4357 Toll Free

https://emars.ky.gov

Fax (502) 564-5319

A Vendor Information

*Legal Name: _____

*Taxpayer ID Number: _____ ◯ SSN ◯ EIN

Vendor Number: _____

*1099 Classification: (Select One)

◯ Individual
◯ Sole Proprietor
◯ Partnership
◯ Corporation
◯ LLC filing as Corporation
◯ LLC filing as Partnership
◯ LLC filing as Sole Proprietor
◯ Trust/Estate
◯ State Government
◯ Other Government
◯ Nonresident Alien
◯ Foreign Business Entity
◯ Other

*Street: _____

*City: _____ *State: _____ *Zip Code: _____

*Contact _____

*Phone: _____ Email: _____

B Enrollment or Change Authorization for Electronic Payments

Select One: ☐ New Enrollment ☐ Financial Institution or Account Change

Financial Institution Information

Bank Name: _____

Branch: _____

City: _____ State: _____ Zip Code: _____

Transit/ABA#: _____

Account #: _____

Account Type (select one): ◯ Checking Account ◯ Savings Account

I, the undersigned, authorize the Commonwealth of Kentucky to initiate accounting transactions to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the Commonwealth of Kentucky received written notice or cancellation.

Signature: _____ Date: _____

Name Printed: _____ Job Title: _____

Fields marked with and asterisk(*) are required. This cannot be processed without all the required fields.

C Substitute IRS Form W-9 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 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)

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.

For additional information refer to the IRS website and go to Form W-9.

*Signature of U.S. Person: _____

*Name Printed: _____ *Date: _____

The following information is provided to assist you in completing your EZ Vendor Registration Application.

Select either New or Modification. For Modifications, complete ONLY fields to be updated.

Section A - Vendor Information

Complete Section A for new vendor information or vendor modifications.

Legal Name on W-9: this is the Legal Name used for 1099 IRS filings. The Commonwealth of Kentucky verifies this information with the taxpayer ID number with the IRS. Vendor records will not be processed unless the Legal Name and TIN match.

1099 Classification: Select the appropriate classification that describes your organization.

Section B - Enrollment or Change Authorization for Electronic Payments

In order add or update banking information on your vendor record, complete Section B. ***This section is optional.***

NOTE: Email notification of payments will be sent to the email address listed on the form.

Section C - Substitute IRS Form W-9 Certification

- **Definition of a U.S. person.** for federal tax purposes, you are considered a U.S. person if you are:
  An individual who is a U.S. citizen or a U.S. resident alien; A partnership, corporation, company or association created or organized in the United States or under the laws of the United States; An estate(other than a foreign estate); or A domestic trust(as defined in Regulations section 301.7701-7).
- As a part of the KY Vendor Registration, the Commonwealth of Kentucky may request a signed and dated copy of your W-9 form. This form will be kept as an attachment to your entity's account. Registration may not be considered complete unless the W-9 is received, and payments for goods or services may be impacted without a properly executed W-9. Please submit the completed W-9 to the Customer Resource Center if requested.

Submission

Fax or email the completed form to our Customer Resource Center (CRC) at (502)564-5319 or finance.crcgroup@ky.gov.

Please Note: This is the abbreviated version of the Kentucky Vendor Registration Application. If you have multiple addresses or contacts, please complete the other form.

Fields marked with and asterisk(*) are required. This cannot be processed without all the required fields.