



TWC Substitute W-9 and Direct Deposit Form

Box 1	Legal Name (as shown on your tax return):	
Box 2	Business Name - DBA (if different from Box 1):	
Box 3	Tax Information Mailing Address:	
	City:	State: Zip:
	Phone:	Extension: Email:
Box 4	Payment Address (if different from Tax Address):	
	City:	State: Zip:
	Phone:	Extension: Email:
Box 5	Taxpayer Identification Number:	Note: Enter the same number used to file your tax return
		<input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN)
Box 6	Ownership Type:	<input type="checkbox"/> T=Texas Corporation (including Texas LLC) <input type="checkbox"/> C=Professional Corporation (PC) <input type="checkbox"/> O=Out-of-State Corporation (including Out-of-State LLC) <input type="checkbox"/> A=Professional Association <input type="checkbox"/> I=Individual Recipient <input type="checkbox"/> L=Limited Partnership <input type="checkbox"/> F=Financial Institution <input type="checkbox"/> P=General Partnership <input type="checkbox"/> R=Foreign Corporation <input type="checkbox"/> S=Sole Owner <input type="checkbox"/> U=State Agency/University <input type="checkbox"/> G=Government Entity <input type="checkbox"/> E=State Employee <input type="checkbox"/> N= Other If Other, please explain:
Box 7	Profit Status:	<input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit
Box 8	Corporation Info:	State of Jurisdiction: File or Charter Number:
Box 9	Sole Ownership Info:	Sole Owner Name: Sole Owner SSN:
Box 10	General Partnership Information:	Partner 1 Name: Partner 1 SSN/EIN:
		Partner 2 Name: Partner 2 SSN/EIN:
Box 11	Backup Withholding: Please see IRS website for requirements.	Do not enter information in this field unless you are exempt from Backup Withholding, per the IRS requirements. To claim exemption, enter the applicable exempt payee code 1 through 13.

Direct Deposit Information (Response Required)**Box 12 New Account Information (Setups and Changes)** I am currently on Direct Deposit and wish to continue. I decline Direct Deposit at this time. New Set-up Change in Direct Deposit Information Cancel My Direct Deposit

Financial Institution Name:

Financial Institution Address: City: State: Zip:

Financial Institution Routing Number: Type of Account:

Account Number: Checking Savings**Box 13 Existing Account Information (Complete when changing existing direct deposit information)**

Financial Institution Routing Number: Type of Account:

Account Number: Checking Savings**Box 14 International Payment Verification (Required)**Will payments be forwarded to a financial institution outside the United States? Yes No
If "YES", also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).**Box 15 Certification and Authorization of TWC Substitute W-9 and Direct Deposit Form (Required)**

Authorization for Direct Deposit Setup, Changes or Cancellations:

I authorize the state agency that issues my state of Texas payments via the Texas Comptroller of Public Accounts to electronically deposit my payments to my financial institution. I understand that any payments deposited in error to my account will be reversed by the agency that issues my state of Texas payments via the Texas Comptroller of Public Accounts.

I further understand that the agency that issues my state of Texas payments and the Texas Comptroller of Public Accounts will comply at all times with the National Automated the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)

Per IRS requirements:

Under penalties of perjury, I certify that:

- 1) I have provided my correct taxpayer identification number,
- 2) I am not subject to backup withholding due to failure to report interest and dividend income,
- 3) I am a US citizen or other US person,
- 4) Note: Certification of the accuracy of the FATCA code entered on this form is not applicable since FATCA code is not captured on this form.)

The Internal revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Authorized Signature (Required):

Printed Name (Required): Date (Required):