## Facility Planning and Control State of Louisiana

Division of Administration

JEFF LANDRY
GOVERNOR



TAYLOR F. BARRAS
COMMISSIONER OF ADMINISTRATION

## LaGOV VENDOR NUMBER REQUEST FORM

<u>M E M O R A N D U M</u>							
TO:	ALL CEA HOLDERS FOR FACILITY PLANNING AND CONTROL						
FROM:	MARGARET HILL STATE CAPITAL OUTLAY TECHNICAL ADMINISTRATOR						
Please be of following in	advised that no CEA will be executed by the Division of Administration until the formation is provided. LaGov Vendor numbers are required for disbursement of funds.						
If you are n Procuremen	ot currently registered as a vendor in LaGov, please do so through the Office of State at Vendor Center at <a href="https://www.doa.la.gov/doa/osp/vendor-resources/">https://www.doa.la.gov/doa/osp/vendor-resources/</a> .						
If you have Vendr ing@	e any questions about this process, please contact the Vendor Help Desk at <u>Ala.gov</u> or 225-342-8010.						
	MPLETED FORM W-9 (Request for Taxpayer Identification Number and ification).						
2. FED	ERAL EMPLOYER ID NUMBER: 72-6001208						
3. LA (	GOV VENDOR NUMBER: 310092105						

E.O. Box 94095 ♣ Baton Rouge, Louisiana 70804-9095 ♣ (225) 342-0820 ♣ 1-800-354-9548 ♣ Fax (225) 342-7624

An Equal Opportunity Employer

(Rev. March 2024) Department of the Treasury Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Batas								
peror	e you begin. For guidance related to the purpose of Form W-9, see	Purpose of Form, below.						
	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)							
	st. Charles Parish							
	Business name/disregarded entity name, if different from above.							
	and all of the state of the sta							
က်	3a Check the appropriate box for federal tax classification of the entity/indi	vidual whose name is entered on lin	e 1 Check	4 Everntions (-				
ge	only one of the following seven boxes.			4 Exemptions (codes apply only to certain entities, not individuals;				
Ę.	☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust			see instruction				
Print or type. See Specific Instructions on page	LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)				de (if arry)	3		
	Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C. S. or P) for the tay			' ' '	· • • -			
ŏĔ	classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.				Exemption from Foreign Account Tax Compliance Act (FATCA) reporting			
fr s	✓ Other (see instructions) Local Government				,,	y		
ffic P	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification,							
96	and you are providing this form to a partnership, trust, or estate in wh	(Applies to accounts maintained outside the United States.)						
s s	this box if you have any foreign partners, owners, or beneficiaries. See instructions			L				
	5 Address (number, street, and apt. or suite no.). See instructions.	Requ	ester's name	and address (option	al)			
	P.O. Box 302							
	6 City, state, and ZIP code Hahnville, LA 70057							
	7 List account number(s) here (optional)							
Par	Taxpayer Identification Number (TIN)							
	, , , , , , , , , , , , , , , , , , , ,		Social se	curity number				
backu	your TIN in the appropriate box. The TIN provided must match the n p withholding. For individuals, this is generally your social security n	ame given on line 1 to avoid		7 7 7	$\overline{}$			
resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later, Fo				-     -	111			
entitie TIN, la	s, it is your employer identification number (EIN). If you do not have	a number, see How to get a	or		لللا			
			Employer	r identification num	ber	$\overline{}$		
Note:	If the account is in more than one name, see the instructions for line	e 1. See also What Name and	7 2					
	er To Give the Requester for guidelines on whose number to enter.		7 2	- 6 0 0 1	2 0	8		
Part	II Certification							
Under	penalties of perjury, I certify that:							
1. The	number shown on this form is my correct taxpayer identification nu	mber (or I am waiting for a num	ber to be is:	sued to me); and				
2. I am	not subject to backup withholding because (a) I am exempt from b	ackup withholding, or (b) I have	not been n	otified by the Inte	mal Reve	nue		
no k	rice (IRS) that I am subject to backup withholding as a result of a fail onger subject to backup withholding; and	lure to report all interest or divi	aenas, or (c)	the IHS has notif	ied me th	at I am		
	a U.S. citizen or other U.S. person (defined below); and							
	FATCA code(s) entered on this form (if any) indicating that I am exer	mpt from FATCA reporting is o	orrect.					
Certifi	cation instructions. You must cross out item 2 above if you have been	n notified by the IRS that you are	currently su	biect to backup w	rithholding	1		
becaus	se you have failed to report all interest and dividends on your tax return	<ul> <li>For real estate transactions, ite</li> </ul>	em 2 does no	ot apply. For morto	age intere	est paid.		
acquis other t	tion or abandonment of secured property, cancellation of debt, contrib- nan interest and dividends, you are not required to sign the certification	outions to an individual retiremen	nt arrangeme	nt (IRA), and, gene	rally, pay	ments		
Sign	Signature of M. H. 1	i, but you must provide your cor	rect lint, sec	e trie instructions i	or Part II,	iater.		
Here	U.S. person	Date	8 25 3	202S				
<b>0</b>		Now to a Ob book to a company	-			<del> </del>		
	eral Instructions		New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect					
Section	references are to the Internal Revenue Code unless otherwise	foreign partners, owners,	foreign partners, owners, or beneficiaries when it provides the Form W-9					
noted.	developments Forth-literation in the contract of	to another flow-through er	to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information					
ruture related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted	regarding the status of its				ioi i		
after th	ey were published, go to www.irs.gov/FormW9.	beneficiaries, so that it car	beneficiaries, so that it can satisfy any applicable reporting					
	t's New	requirements. For example						
		parations into portogened	partners may be required to complete Schedules K-2 and K-3. See the					

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Cat. No. 10231X

Form W-9 (Rev. 3-2024)