



TWC Substitute W-9 and Direct Deposit Form

Box 1	Legal Name (as shown on your tax return):	
Box 2	Business Name (if different from Box 1):	
Box 3	Tax Information Mailing Address:	
	City:	State: Zip:
	Phone:	Fax: Email:
Box 4	Payment Address (if different from Tax Address):	
	City:	State: Zip:
	Phone:	Fax: Email:
Box 5	Taxpayer Identification Number:	<div style="background-color: black; color: white; padding: 2px;">Note: Enter the same number used filing your tax return</div> <input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN)
Box 6	Federal Tax Classification/ Business Designation:	<input type="checkbox"/> T=Texas Corporation; C=Professional Corporation; or T/O= Limited Liability Company <input type="checkbox"/> A=Professional Assoc. <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"/> O=Out-of-State Corporation <input type="checkbox"/> U=State Agency/University <input type="checkbox"/> S=Sole Owner <input type="checkbox"/> E=State Employee <input type="checkbox"/> G=Government Entity <input type="checkbox"/> N= Other <div style="text-align: right; font-size: small;">If Other, please explain:</div>
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	<input type="checkbox"/> Exempt from Backup Withholding

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 only for direct deposit information change)

Financial Institution Routing Number: Type of Account:

Account Number: Checking Savings

Box 14 Will payments be forwarded to a financial institution outside the United States? Yes No

Box 15 Certification of TWC Substitute W-9 and Direct Deposit Form

Under penalties of perjury, I certify that:

- 1) I have provided my correct taxpayer identification number and that;
- 2) I am not subject to backup withholding as specified on the instruction page for this form and that;
- 3) I am a US citizen or other US person and that;
- 4) For Direct Deposit Authorization Setup, Changes or Cancellation

I authorize the Texas Comptroller of Public Accounts to deposit my payments from the State of Texas to my financial institution electronically. I understand that the Texas Comptroller of Public Accounts will reverse any payments to my account in error.

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

Authorized Signature Required:

Printed Name Required: Date Required: