



# W-9 WEBSITE TRAINING

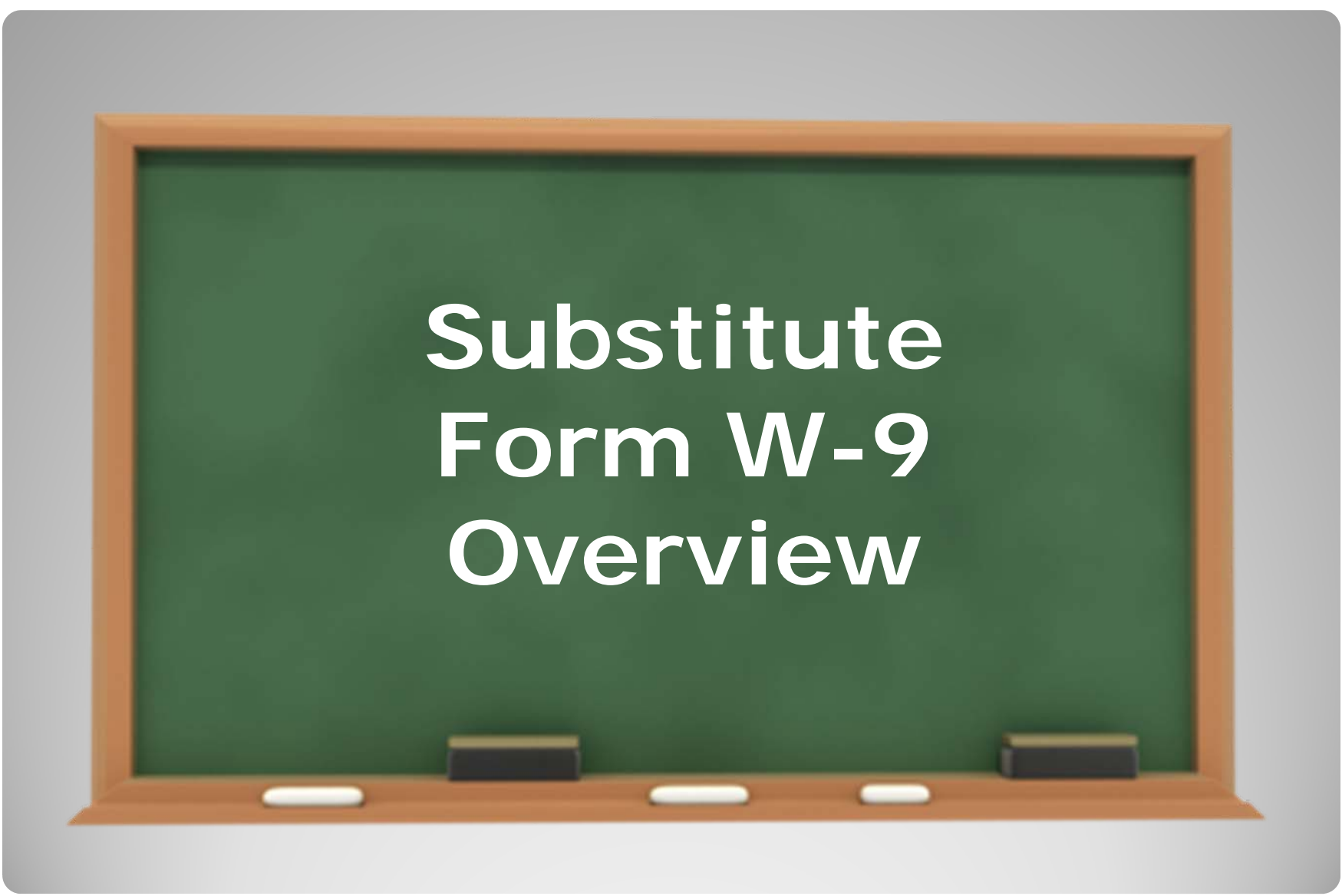


**Department of Financial Services  
Division of Accounting & Auditing**

# Topics for Discussion

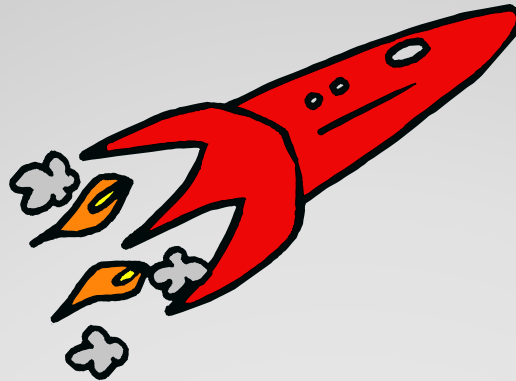
- Substitute Form W-9
  - ✓ Legal Basis
  - ✓ Impact
  - ✓ Benefits
- W-9 Website
  - ✓ Registration
  - ✓ W-9 Main Menu
    - Complete a Substitute Form W-9
      - Business Designations
    - Update a Substitute Form W-9
    - View/Print Substitute Form W-9
    - Add/Update Doing-Business-As (DBA) Names
    - User Profile Maintenance
- Taxpayer Authentication
- Additional Information
  - ✓ Links
  - ✓ Contact Information





# Substitute Form W-9 Overview

# W-9 Website



**Launch Date: March**



# Legal Basis

## Internal Revenue Code (I.R.C.) Section 6109 – Identifying Numbers

- Requires vendors to provide their correct Taxpayer Identification Number (TIN) to Department of Financial Services (DFS) who must file information returns with the IRS to report certain payments

## Public Law 109-222, Section 511, Tax Increase Prevention and Reconciliation Act (TIPRA) of 2005

- 3 Percent Withholding Law
- Effective January 1, 2013
- Requires governments to withhold 3 percent on individual payments for goods and services of \$10,000 or more

## Public Law 111-148, "Patient Protection and Affordable Care Act"

- Healthcare Reform Bill
- Passed by Congress
- Provision which eliminates corporate exemptions from 1099 reporting

# Impact



# Impact


- **State must obtain Substitute Form W-9 for all vendors (over 200,000 vendors)**
  - Automate the submission of Substitute Form W-9
- **Vendors will need to submit a valid Substitute Form W-9 to State of Florida**
  - Prior to first order or purchase
- **Business Designation section will expand to align with requirements of 3 percent withholding draft regulations**
- **IRS TIN matching will be used for validation**



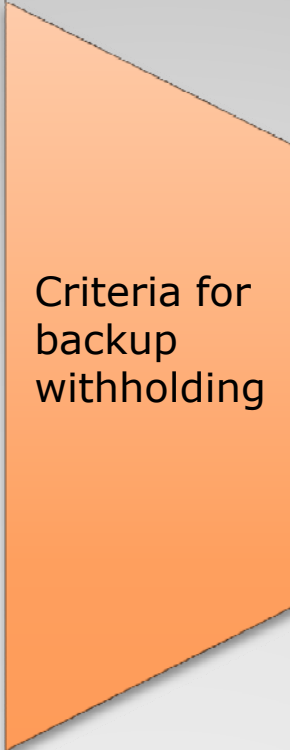
# Benefits



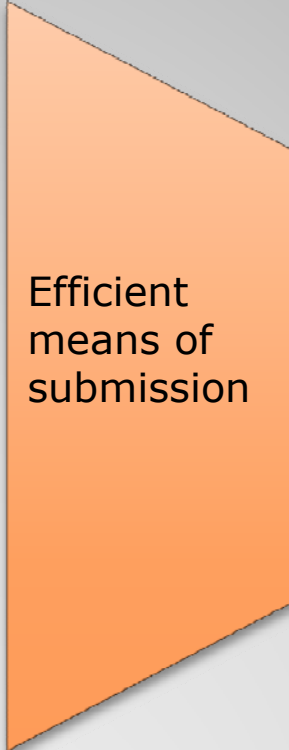
Compliance  
with  
Federal  
Laws




Accurate  
Form  
1099  
reporting



Criteria for  
backup  
withholding



Efficient  
means of  
submission



Timely  
submission  
and  
processing





# W-9 Website Overview



## State of Florida Vendor Website

Welcome to the Department of Financial Services Vendor Portal!

This page provides information and links to items important to vendors doing business with the State of Florida. Vendors can use this site to register and electronically submit a Florida Substitute Form W-9. Requirements for W-9 submission can be found at the link on the left side of this page.

### News and Notes

Do you know that on January 1, 2013 certain vendor payments from government entities may be subject to 3% Withholding?

For more information click on **3% Withholding Website** under the Informational Links section. Due to this new federal requirement, the State of Florida will be requiring all vendors to submit a new Substitute Form W-9 during the 2011 calendar year.

### Website Training

Do you want more information on using this website?  
Click [here](#) for training that will provide additional information on Florida's Substitute Form W-9 and how to use all the features of this website.

**Not Registered?**

[Click here to Register](#)

**Sign On**

[Click here to Sign On](#)

### Contact Us

- [Forgot User ID](#)
- [Need to update Taxpayer Identification Number](#)
- [General Questions](#)

### Vendor Management Section

(850) 413-5519

[Email Vendor Management](#)

[ABOUT SSL CERTIFICATES](#)

### Informational Links

- [3% Withholding Website](#)
- [Direct Deposit](#)
- [Vendor Payment History](#)
- [MyFloridaMarketPlace](#)

### Informational Documents

- [Website Requirements](#)
- [FAQ's for 3% Federal Withholding](#)
- [FAQ's for Substitute Form W-9](#)
- [Substitute Form W-9 Requirements](#)
- [Business Designations Descriptions](#)

This site may require the use of Adobe Reader.  
If you do not have Adobe Reader you may click the image below to download it.



# W-9 Registration Requirements

## Two Step Process:

**Step 1:** Complete the W-9 Profile Registration form online.  
Here are the requirements:

Taxpayer Identification Number (TIN)

IRS Name on Federal Income Tax Return

Vendor Contact Information

Password



## Profile Registration

Complete the information below and click the Registration button. Your registration will be processed and you will be sent an email containing your User ID.

*\* Required*

### Taxpayer Identification Number (TIN) \*

- Federal Employer Identification Number (FEIN)  -
- Social Security Number (SSN)

IRS Name: \*

(enter the first 40 characters exactly as shown on your tax return)

### Contact Information

Name: \*

Title (required for business entities) :

Phone: \*

Extn:

Email Address: \*

Re-enter Email Address: \*

### Password Information

- Password will be case sensitive
- Must be eight (8) characters
- Must begin with a letter
- Must contain at least one uppercase letter (A-Z)
- Must contain at least one (1) number
- May not contain spaces
- May not contain any of the following characters: \$ ^ ' = " { }
- The first three characters must be different from each other
- We recommend that the password contain at least one special character (such as: &, @, %)

Password: \*

Re-enter Password: \*

Password Hint: \*

Note: You will be required to use your password to login to the Vendor website. Please make note of your password.

Check Password

Register

# W-9 Form Requirements

**Step 2:** Once registration is processed, an email is sent to user along with a User ID and instructions on how to enter W-9 information. Here are the requirements to complete a Substitute Form W-9:

A "Doing Business As" (DBA) name (Part 1)

Primary mailing address (Part 1)

Business Designation (Part 2)

Certification Statement (Part 3)





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### Informational Links

- [3% Withholding Website](#)
- [Direct Deposit](#)
- [Vendor Payment History](#)
- [MyFloridaMarketPlace](#)

### Informational Documents

- [Website Requirements](#)
- [FAQ's for 3% Federal Withholding](#)
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- [Business Designations Descriptions](#)

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### **Not Registered?**

[Click here to Register](#)

### **Sign On**

[Click here to Sign On](#)

### **Contact Us**

- [Forgot User ID](#)
- [Need to update Taxpayer Identification Number](#)
- [General Questions](#)

### **Vendor Management Section**

(850) 413-5519

[Email Vendor Management](#)

[ABOUT SSL CERTIFICATES](#)



## Vendor Sign On

Complete the information below and click the Sign-On button.

Note: MyFloridaMarketPlace User ID will **not** work for this website.

If you have not already done so, click [here](#) to register with us.

User ID:

Password:

[Help!! I forgot my password!](#)

### Contact Us

- Forgot User ID
- Need to update Taxpayer Identification Number
- General Questions

Vendor Management Section

(850) 413-5519

[✉ Email Vendor Management](#)



## State of Florida Vendor Options

### Informational Documents

[Website Requirements](#)

[FAQ's for 3% Federal Withholding](#)

[FAQ's for Substitute Form W-9](#)

[Substitute Form W-9 Requirements](#)

[Business Designations Descriptions](#)

[Form W-9 Main Menu](#)

Submit or Update your Substitute Form W-9

**Note:** In order to complete your State of Florida Substitute Form W-9, you will need the following information:

- IRS Name as shown on your Federal Income Tax Return
- Business designation for your business. For more information click on the *Business Designation Descriptions* under the Informational Links section.
- Primary mailing address for your tax information
- Any "Doing Business As" names that you wish to add for your business

[3% Federal Withholding Informational Website](#)

This website provides information on the State of Florida's implementation of the federal requirements to withhold 3 percent on certain vendor payments beginning on January 1, 2013.

[Payment History for Vendors](#)

View your payments (warrants and EFT's) from the State of Florida.

[Direct Deposit \(EFT\) for State Payments](#)

Link to Direct Deposit webpage and print a Direct Deposit Authorization Form.

[MyFloridaMarketPlace \(MFMP\)](#)

MFMP is the state's online purchasing system. Vendors are required to register with MFMP in order to do business with the State of Florida. Please ensure your vendor information maintained in MFMP is current in order to continue receiving orders and payments from the State of Florida.

### Contact Us

Vendor Management Section  
(850) 413-5519

[Email Vendor Management](#)





## W-9 MAIN MENU

Welcome to the W-9 Main Menu . Below is a listing of your menu options and the current status of your Substitute Form W-9. **Note:** If you need to correct or change your TIN you must call the Vendor Management Section at (850) 413-5519. [\(click here for Substitute W-9 Form requirements\)](#)

You have not submitted a Substitute Form W-9 to the State of Florida

- ▶ Complete New Substitute Form W-9
- ▶ Maintain User Profile
- ▶ Logout of W-9 System



**State of Florida**  
Chief Financial Officer  
Department of Financial Services  
Bureau of Accounting  
200 East Gaines Street  
Tallahassee, FL 32399-0354  
Telephone:(850) 413-5519 Fax: (850) 413-5550

**Substitute Form W-9**

In order to comply with Internal Revenue Service (IRS) regulations, we require taxpayer identification information. This information will be used to determine whether you will receive a Form 1099 for payment(s) made to you by an agency of the State of Florida, and whether payments are subject to Federal withholding. The information provided below must match the information that you provide to the IRS for income tax reporting. Federal law requires the State of Florida to take backup withholding from certain future payments if you fail to provide the information requested.

Taxpayer Identification Number (FEIN): 99-9999999  
*\* Required*

**PART 1**

IRS Name: \* IRS SAMPLE NAME  
(first 40 characters exactly as shown on your tax return)

Doing Business As Name: \_\_\_\_\_

\* Primary Address Information (Address where Form 1099 should be mailed)  
 United States (Includes U.S. Possessions & APO/FPO/DPO)  
 Foreign Country

Attention of: \_\_\_\_\_

In Care of: \_\_\_\_\_

Address: \* \_\_\_\_\_  
 State: \* Pick One

City: \* \_\_\_\_\_  
 Zip Code: \* \_\_\_\_\_ - \_\_\_\_\_

**Required Fields**

**Optional Fields**

PART 2

\* Business Designation

(click [here](#) for Business Designation definitions)

- |   |   |  |
|---|---|--|
| <input type="radio"/> C Corporation                 | <input type="radio"/> Nonresident alien         | <input type="radio"/> Indian Tribal Government   |
| <input checked="" type="radio"/> S Corporation      | <input type="radio"/> Partnership               | <input type="radio"/> Non-Corporate Rental Agent |
| <input type="radio"/> Government Entity             | <input type="radio"/> Limited Liability Company | <input type="radio"/> Individual                 |
| <input type="radio"/> Foreign Corporation or Entity | <input type="radio"/> Sole Proprietor           | <input type="radio"/> Trust or Estate            |
| <input type="radio"/> Not for Profit                |   |  |

**Is 80% or more of this entity owned by a government entity that is required to withhold under Section 3402(t)(1), a tax exempt entity or a foreign government?**

- Yes
- No

- If unsure, contact your legal or tax advisor

**PART 3****Certification Statement**

(click [here](#) for Backup Withholding explanation)

**Under penalties of perjury, I certify that:**

1. The number shown on this form is my correct taxpayer information **AND**
2.  I am subject to backup withholding **OR**  
  
 I am not - subject to backup withholding because:
  - (a) I am exempt from backup withholding
  - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result or 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 (including U.S. resident alien)

**Certification Instructions:** To certify the statement above, complete your information below, as preparer, and then re-enter your password to submit your electronic signature.

**Preparer's Name: \***   
(first last)

**Preparer's Title:**   
(required for business entities)

**Telephone Number: \***

**Extn:**

**Email: \***

NOTE: Please review the information you have provided above on your Form W-9 before submitting it. If you have changed your IRS Name, the information you provided will be sent to the Internal Revenue Service for verification. During this verification process, which takes approximately 4 business days, you cannot make any changes to your Form W-9. You will receive an email when the verification process is complete.

**Password: \***

(click [here](#) for Backup Withholding explanation)

**Under penalties of perjury, I certify that:**

1. The number shown on this form is my correct taxpayer information **AND**

2.  I am subject to backup withholding **OR**

I am not - subject to backup withholding because:

(a) I am exempt from backup withholding

(b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result

or failure to

(c) the IRS has

3. I am a U.S. citizen or

**Certification Instructions**

submit your electronic s

**Preparer's Name:** \*

**Telephone Number:** \* (850) 333 1234

**Extn:** 123456

**Email:** \* Your.Name@yahoo.com

NOTE: Please review the information you have provided above on your Form W-9 before submitting it. If you have changed your IRS Name, the information you provided will be sent to the Internal Revenue Service for verification. During this verification process, which takes approximately 4 business days, you cannot make any changes to your Form W-9. You will receive an email when the verification process is complete.

**Password:** \*

Submit

Cancel

**Message from webpage**



If you are exempt from backup withholding, or have not been notified by the IRS that you are subject to backup withholding, this option may not apply to you.

Please click on the Backup Withholding explanation link provided above to determine if you are subject to backup withholding.

OK



## W-9 MAIN MENU

Welcome to the W-9 Main Menu . Below is a listing of your menu options and the current status of your Substitute Form W-9. **Note:** If you need to correct or change your TIN you must call the Vendor Management Section at (850) 413-5519. (click [here](#) for Substitute W-9 Form requirements)

*Your IRS Name / TIN combination has been submitted to the IRS and is pending verification. We will email you as soon as your results are returned from the IRS.*



▶ Update Substitute Form W-9



▶ View / Print Substitute Form W-9



▶ Add / Update Doing Business As Names



▶ Maintain User Profile

▶ Logout of W-9 System



# Update Substitute Form W-9

- Vendors may change any information except for TIN
- IRS Name or TIN change will require resubmission
- If IRS Name change, MFMP vendors must update their 1099 Name in MFMP
- Must re-enter password in Part 3
- Changes to Doing Business As (DBA) Name must be made using the Add/Update DBA Name option on the W-9 Main Menu

# View/Print Substitute Form W-9



## State of Florida

Chief Financial Officer  
Department of Financial Services  
Bureau of Accounting  
200 East Gaines Street  
Tallahassee, FL 32399-0354  
Telephone: (850) 413-5519 Fax: (850) 413-5550

### Substitute Form W-9

In order to comply with Internal Revenue Service (IRS) regulations, we require Taxpayer Identification information that will be used to determine whether you will receive a Form 1099 for payment(s) made to you by an agency of the State of Florida, and whether payments are subject to Federal withholding. The information provided below must match the information that you provide to the IRS for income tax reporting. Federal law requires the State of Florida to take backup withholding from certain future payments if you fail to provide the information requested.

**Taxpayer Identification Number (FEIN):** 99-9999999

**IRS Name:** IRS SAMPLE NAME

**Address:** 222 SAMPLE ROAD  
CORAL SPRINGS, FL  
33065-0000

**Attention Of:** JERRY SAMPLE

**Business Designation:** C Corporation

#### Certification Statement:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer information **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 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 (including U.S. resident alien)

**Preparer's Name:** JERRY SAMPLE  
**Preparer's Title:** TREASURER  
**Phone:** 850 999-9999

**Email:** Sample.email@myfloridacfo.com

**Date Submitted:** 02/04/2011

Active Doing Business As names submitted on the Substitute Form W-9

SAMPLE BUSINESS NAME  
SAMPLE BUSINESS  
MELS BUSINESS NAME





## **Add/Update Doing Business As (DBA) Names**

- Corporations or businesses may have a Doing Business As designation:
  - File taxes under one name, but have another name they are known as in the community
- Changes to DBA will not require resubmission of TIN Matching
- Can add, delete, or change multiple DBA names



### W-9 Doing Business As Names

99-99999999

IRS SAMPLE NAME

**Delete**   **Change**   **Name**

SAMPLE BUSINESS

SAMPLE BUSINESS NAME

**Add Business Names:**

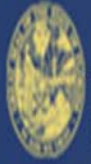
[Add More](#)

Apply Changes

Reset Page



**Maintain  
User Profile**



Jeff Atwater, Chief Financial Officer

Florida Department of Financial Services

[Vendor Payments](#)

[Sunshine Spending](#)

[3% Withholding](#)

## Profile Maintenance Menu

- ▶ [Change Password](#)
- ▶ [Change Email Address](#)
- ▶ [Update Contact Information](#)
- ▶ [W-9 Main Menu](#)



## Password Maintenance

- **Password will be case sensitive**
- **Must** be eight (8) characters
- **Must** begin with a letter
- **Must** contain at least one uppercase letter (A-Z)
- **Must** contain at least one (1) number
- **May not** contain spaces
- **May not** contain any of the following characters: \$ ^ ' = " { }
- The first three characters **must** be different from each other
- We recommend that the password contain at least one special character (such as: &, @, %)

Current Password:

New Password:

Re-enter New Password:

Password Hint:

Note: You will be required to use your password to login to the Vendor website.  
Please make note of your password.

Apply Changes

Cancel



## Email Address Maintenance

**Current Email Address:** Sample.email@myfloridacfo.com

**New Email Address:**

**Re-enter New Email Address:**

**Password:**

Apply Changes

Cancel



## Contact Information Maintenance

### Current Contact Information

Name: bob

Title: SAMPLE TITLE

Phone: 850 999 9999

Extn: 987654

Fill out the fields that are to be changed.  
Password is required.

**Name:**

**Title** (required for business entities):

**Phone:**

**Extn:**

**Password:**

Apply Changes

Cancel



# Taxpayer Authentication



# IRS TIN Matching Process

- State of Florida participates in IRS TIN Matching Program
  - Nightly load of all of the Substitute Form W-9 adds or name changes will check the TIN against the IRS Name/TIN combination contained in the IRS database
- Vendor will receive one of three responses via email
  1. IRS Name and TIN combination match IRS records and vendor account will be activated
  2. TIN submitted has not been issued to any entity; therefore, it is invalid
    - Contact DFS Vendor Management Section
  3. IRS Name and TIN combination does not match IRS records
    - Check IRS Name, if error is found, correct form and resubmit
- Status will also appear on the W-9 Main Menu



# Additional Information

# LINKS

## Vendor Portal

- <https://flvendor.myfloridacfo.com>

## 3% Withholding Requirement

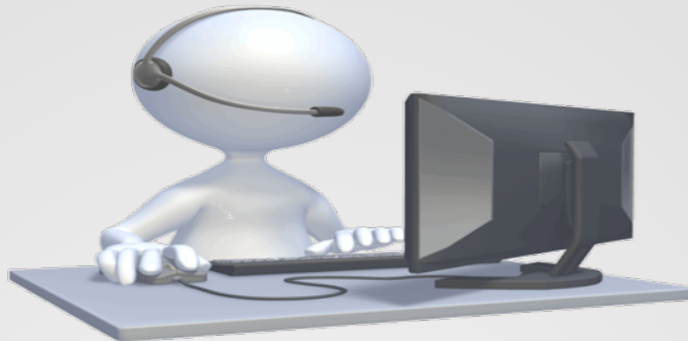
- <http://www.myfloridacfo.com/aadir/IRS3PercentWithholding.htm>

## MFMP

- [http://dms.myflorida.com/business\\_operations/state\\_purchasing/myflorida\\_marketplace/mfmp\\_vendors](http://dms.myflorida.com/business_operations/state_purchasing/myflorida_marketplace/mfmp_vendors)

# Contact Information

- Vendor Management Section
  - [FLW9@myfloridacfo.com](mailto:FLW9@myfloridacfo.com)
  - (850) 413-5519
- MFMP Vendor Help
  - [VendorHelp@MyFloridaMarketPlace.com](mailto:VendorHelp@MyFloridaMarketPlace.com)
  - 1-866-352-3776





Thank you for joining us for the W-9  
Website Training

