**Last Updated**: (05/01/2023)

This form is being sent to the Department for completion because it appears there has been an extenuating circumstance on the Substitute W-9 form, W-9 form, ACH form, and/or the Payee Certification Form. Department CANNOT assist with a vendor signature.

Check Box Options on Form for the following exceptions **(to be used only in extenuating circumstances):**

1. **Form completed using 2 or more different methods (i.e., part typed and part hand-written):**

As the Department Representative, I have verified with the Outside Entity the Accuracy of the Social Security/EIN fields and other information; and that the **Outside Entity has completed the form** in its entirety **noting some information was typed and some information was handwritten**.

1. **Form completed partially by Department Representative:**

In situations where I have entered the **Social Security/EIN number** on behalf of the Outside Entity, I verify that the Outside Entity signed this form, returned it to the department, and then I submitted the information per instructions from the Outside Entity. I have also verified the accuracy of this information with the Outside Entity.

1. **Other (***detailed description of reason follows:***)**

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Department Representative Signature Date

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Department Representative Printed

\*Please do not change text wording within sections 1 & 2. Thank you.