STATE OF NEVADA
CONTROLLER'S OFFICE
ADDITIONAL REMITTANCE ADDRESS

555 E WASHINGTON AVE STE 4300
LAS VEGAS NV 89101-1071
702/486-3810 or **702/486-3856**
FAX: 702/486-3813 or **775/684-5697**
vendordesk@controller.state.nv.us

Instructions for Completion by the Vendor Representative

State agency contact/phone:

1. This form is to provide additional remittance addresses for vendors previously established with the State of Nevada.
2. The **Vendor Representative** must PRINT or TYPE the information except for signature.
3. Faxes are acceptable.
4. Federal taxpayer identification number and legal business name must match previously established records.
5. Additional instructions are on the back of this form.
6. Asterisk (*) indicates required information.

Additional Remittance Address(es)

*** Legal Business Name**	Max. 30 characters		
*** Business Name** *Provide if different from above.*	Max. 30 characters		
*** Remittance Address**	Max. 30 characters		
*** City, State, Zip**	*City*	*State*	*Zip Code* -
*** Phone/Fax Numbers**	*Area Code* / *Phone* -	*Area Code* / *Fax* -	
Primary Contact	Max. 30 characters		
*** Federal Taxpayer Identification Number**	***EIN/SSN***	☐ Employer Identification Number ☐ Social Security Number	
Direct Deposit (EFT)	☐ Checking Account *Provide copy of voided check for checking account.* ☐ Savings Account *Provide letter with savings account number.*	Bank: Routing #:	Account #:

*** Legal Business Name**	Max. 30 characters		
*** Business Name** *Provide if different from above.*	Max. 30 characters		
*** Remittance Address**	Max. 30 characters		
*** City, State, Zip**	*City*	*State*	*Zip Code* -
*** Phone/Fax Numbers**	*Area Code* / *Phone* -	*Area Code* / *Fax* -	
Primary Contact	Max. 30 characters		
*** Federal Taxpayer Identification Number**	***EIN/SSN***	☐ Employer Identification Number ☐ Social Security Number	
Direct Deposit (EFT)	☐ Checking Account *Provide copy of voided check for checking account.* ☐ Savings Account *Provide letter with savings account number*	Bank: Routing #:	Account #:

* _____ Signature of U.S. Person

_____ Print Name & Title of Person Completing Form

_____ Date

For Controller's Office Use Only

Primary 1099 Vendor ☐ 1099 Indicator ☐ Yes ☐ No Entered By Date	Comments

Instructions for Completion by the Vendor Representative

The **Vendor Representative** must PRINT or TYPE the information except for signature.

Legal Business Name/Owner's or Individual's Name	**Required.** Business/individual name must be exactly the same as used for Federal Tax reporting purposes. Maximum of 30 characters per line.
Business Name *Provide if different from above.*	If a business uses a social security number for the Federal Taxpayer Identification number, the person's name associated with the social security number must be entered on the first line and the "doing business as" (DBA) name entered on the second line. **Per the IRS use the owner's social security number for a proprietorship.** The following examples show how to list a DBA when using a Taxpayer Business ID or a Social Security number. Taxpayer Business ID: Mountain Springs Inc DBA / Spring Water Distributors Social Security Number: Smith, David DBA / Dave's Towing
Remittance Address	**Required.** The address for remittance of payments. Maximum of 30 characters.
City, State, Zip	**Required.** Use USPS two-character state abbreviations.
E-mail Address	Provide complete e-mail address when available.
Phone Number	**Required.** Include area code.
Fax Number	Provide when available. Include area code.
Primary Contact	Maximum of 30 characters.
Federal Taxpayer Identification Number	**Required.** The Taxpayer ID will be a taxpayer business ID for businesses or a social security number for individuals. However, if a business uses a social security number for the Federal Taxpayer Identification number, the person's name associated with the social security number must be entered on the first line and the DBA entered on the second line of the Business or Individual's Name area. **Per the IRS use the owner's SSN for a proprietorship.**
Direct Deposit (EFT)	If the direct deposit will be made into a checking account, a copy of a voided check for the account must be provided. If the direct deposit will be made into a savings account, a letter must be provided listing the bank name, routing number and account number. Deposit slips will not be accepted, as they do not contain all necessary information.
*** Signature of U.S. Person**	For information on certification, refer to IRS Form W-9.

Mail or fax completed Additional Remittance Address form to Vendor Services.
Request form for changes or deletions.