



Teacher Retirement System Vendor Setup Form, Substitute W-9, and Direct Deposit Form

Box 1:	Legal Name (as shown on your Federal 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:	Federal Taxpayer Identification Number:	Note: Enter only one number and the same number used when filing your tax return.	
		Social Security number (SSN):	
		Employer Identification Number (EIN):	
Box 6:	Federal Tax Classification or Business Designation:	Using the key below; Please enter the letter corresponding to the type of entity your business is:	
		A = Professional Association <input type="radio"/>	C = Professional Corporation <input type="radio"/> E = State Employee <input type="radio"/>
		F = Financial Institution <input type="radio"/>	G = Governmental Entity <input type="radio"/> I = Individual Recipient <input type="radio"/>
		L = Texas Limited Partnership <input type="radio"/>	O = Out of State Corporation <input type="radio"/> P = Partnership <input type="radio"/>
		R = Foreign <input type="radio"/>	S = Sole Owner <input type="radio"/> T = Texas Corporation <input type="radio"/>
		U = State Agency or University <input type="radio"/> N = Other: Please explain: <input type="radio"/>	
Box 7:	Profit Status:	<input type="radio"/> Profit	<input type="radio"/> Non- Profit
Box 8:	Corporation Information:	State of Jurisdiction:	File or charter Number:
Box 9:	Sole Owner Information:	Sole Owner Name:	
		Sole Owner SSN or ITIN:	
Box 10:	General Partnership Information:	Partner 1 Name:	
		Partner 1 SSN/EIN/ITIN:	
		Partner 2 Name:	
		Partner 2 SSN/EIN/ITIN:	
Box 11:	Backup Withholding:	<input type="checkbox"/> Exempt from Backup Withholding. Please see IRS website for details.	
Direct Deposit Information (Response Required)			
Box 12:	New Account Information (Setups and Changes)		
I am currently on Direct Deposit and wish to continue: <input type="radio"/>		I decline Direct Deposit at this time: <input type="radio"/>	
New Setup: <input type="radio"/>	Change in Direct Deposit Information: <input type="radio"/>	Cancel My Direct Deposit: <input type="radio"/>	
Financial Institution Name:			
Address (include City, State and Zip):			
Routing Number:		Account Type:	
Account Number:		Checking: <input type="radio"/>	Savings: <input type="radio"/>
Box 13:	Current Account Information (Complete only for direct deposit information changes)		
Routing Number:		Account Type:	
Account Number:		Checking: <input type="radio"/>	Savings: <input type="radio"/>
Box 14:	Will payments be forwarded to a financial institution outside the United States:		Yes: <input type="radio"/> No: <input type="radio"/>
	If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).		
Box 15:	Certification of TEA Vendor Setup, 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 withholdings as specified on the IRS website and that;			
3) I am a US citizen or other US person as defined on the IRS website.			
I authorize the state agency that issues my state of Texas payments via the Texas Comptroller of Public Accounts to electronically deposit my payments to my financial institution. I understand that any payments deposited in error to my account will be reversed by the agency that issues my state of Texas payments via the Texas Comptroller of Public Accounts.			
I further understand that the agency that issues my state of Texas payments and 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:			Title:
Printed Name:			Date:



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Box Number	Instructions
1	Legal Name: Legal business name filed with the IRS (as shown on your tax returns). For sole ownership or Individuals, please enter your full name that matches your tax records.
2	DBA: "Doing business As" The name you are conducting your business under, if different from your legal business name. For individuals, please leave blank.
3	Tax Information Mailing Address: Address where you wish your IRS tax information is sent. (e.g., W9, 1099, etc.)
4	Payment Address: Remit Address for payments if different from the address in Box 3.
5	Taxpayer Identification Number: Select the appropriate check box for the taxpayer identification number you report your taxes to the IRS. Please enter only one number.
6	Federal Tax Classification: Select the ownership type of your business. For an Individual please check the Individual Recipient box.
7	Profit Status: For Corporations Only. Please select the profit status of your business.
8	Corporation Information: For Corporations Only: Enter the state where corporation status is filed. Also enter the file/chapter number for the filing.
9	Sole Ownership Info: Enter the full name and Social Security Number of sole owner if you use an Employer Identification Number (EIN) for your business.
10	General Partnership Information: Enter the full name and Social Security Number, EIN or ITIN of all parties involved in the general partnership. Please attach additional sheet if needed.
11	Exemption from Backup Withholding: Check this box if the business is exempt from backup withholding. For further information on backup withholding, see the following IRS website: www.irs.gov/pub/irs-pdf/fw9.pdf . This is not common.
12	New Account Information (Setups and Changes): Please check the box that is appropriate for this Direct Deposit request. Enter name of financial institution. Check the appropriate box for type of account. Enter the financial institution's routing transit number (9 digits) for the financial institution listed. Enter the bank account number for your account.
13	Existing Account Information (Complete only for direct deposit information change): When requesting a change to your existing direct deposit account information, you must complete box 13 with the existing account information for verification purposes. This measure will help the Texas Education Agency verify accuracy of the requested change.
14	International Payments Verification: Check "YES" or "NO" to indicate if direct deposit payments to the account information designated in Box 12 of this form will be forwarded to a financial institution outside the United States. If "YES," you MUST also complete the ACH (Direct Deposit) Payment Destination Confirmation (Comptrollers Form 74-227).
15	Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you must provide your correct TIN. For more information go to IRS website at: http://www.irs.gov/pub/irs-pdf/fw9.pdf?portlet=3
This form must be signed and dated with a current date or it cannot be accepted.	