# Fill-in Forms Information for the SP-26NB and W-9 Forms

#### Overview

There is no verification of the information you enter. You are responsible for entering all information.

Some information must be handwritten on the form.

#### **Software Requirements**

To view, complete and print the following fill-in PDF forms, you will need the freely available <u>Adobe</u>

<u>Reader</u> software installed on your computer.

#### **Adobe Reader**

Adobe PDF files are a means to distribute publications and other information. To fill-in, download and print a PDF file, you will need to have the Adobe Reader software installed. You can download the latest version of Adobe Reader FREE from the Adobe Reader download page on Adobe's Web site.



## Completing the form on your PC

When positioning the cursor on a fill-in area, the cursor will change appearance.

The **I-beam pointer** allows you to type text.

The **hand pointer** allows you to select a check box or button. Enter the appropriate data in each box or field.

## To move from one field to the next, press the Tab key.

You can also use your mouse to move your cursor from field to field. Place your cursor in the field you want to fill in, then left-click.

Some fields limit the maximum number of characters you can enter and may automatically advance to the next field.

For additional help with fill-in forms, see the Adobe Reader's on-line help information at: <a href="http://www.adobe.com/support/reader/">http://www.adobe.com/support/reader/</a>

### Saving a Form

When saving a file, be sure to use the Save function of Adobe Reader rather than the web browser's save.

## **Printing a Form**

When printing Adobe PDF files from within your web browser, whether you are printing a blank form or printing a form after filling it in from your PC, use the print button at the left end of the special Adobe Acrobat tool bar, which appears immediately above the viewing window.

THIS PAGE IS FOR INFORMATION ONLY AND DOES NOT NEED TO BE PRINTED NOR SUBMITTED WITH THE FOLLOWING FORMS.

# **STATE OF CONNECTICUT - AGENCY VENDOR FORM**

IMPORTANT: ALL parts of this form must be completed, signed and returned by the vendor.

	READ & COM	SP-26NB-IPDF Rev.					
COMPLETE VENDOR LEGAL BUSINESS NAME			Taxpaye	Taxpayer ID # (TIN): SSN FEIN			
			10/-	/T: 00N/FFIN	N		
BUSINESS NAME, TRADE NAME, DOIN	G BUSINESS AS (IF DIFFER	RENT FROM ABOVE)	Į VVI	RITE/TYPE SSN/FEIN	NUMBER ABO	OVE	
Boomess Turne, Transe Turne, Born	C DOSHADSS 1 IS (II DITTE	divi indivinibo (E)					
BUSINESS ENTITY: CORPORATION				LLC SINGLE			
NOTE: In DRIVING A PROPRIETOR DISTRICT PARTNERSHIP INDIVIDUAL/SOLE PROPRIETOR GOVERNMENT							
NOTE: IF INDIVIDUAL/SOLE PROPRIETOR, INDIVIDUAL'S NAME (AS OWNER) MUST APPEAR IN THE LEGAL BUSINESS NAME BLOCK ABOVE.  BUSINESS TYPE: A. SALE OF COMMODITIES B. MEDICAL SERVICES C. ATTORNEY FEES D. RENTAL OF PROPERTY							
(REAL ESTATE & EQUIPMENT)							
E. OTHER (DESCRIBE IN DETAIL)					1		
Under this TIN, what is the primary type of business you provide to the State? (enter letter from above) →							
Under this TIN, what other types of business might you provide to the State? (enter letter from above) →							
NOTE: IF YOUR BUSINESS IS A <i>PARTNERSHIP</i> , YOU MUST ATTACH THE NAMES AND TITLES OF ALL PARTNERS TO YOUR BID SUBMISSION.							
NOTE: IF YOUR BUSINESS IS A CORPO	<i>ration</i> , in which State	ARE YOU INCORPORATED?					
VENDOR ADDRESS STREET			CITY	State	ZIP COD	DΕ	
Add Additional Business Address & Contact inform VENDOR E-MAIL ADDRESS VENDO			this form.				
VENDORE WITH TIBBRESS		VENDOR WEB SITE					
REMITTANCE INFORMATION: INDICAT	E RELOW THE REMITTANCE	ADDRESS OF YOUR BUSINE	ESS D SAN	ME AS VENDOR AI	DDRESS AF	ROVE	
REMIT ADDRESS STREET	E BELOW THE REMITTMIVE	TIDDRESS OF TOOK DOSMI	CITY		ZIP COI		
CONTACT INFORMATION: NAME (TY	PE OR PRINT)						
CT	T	T					
1 <sup>ST</sup> BUSINESS PHONE:	Ext. #	HOME PHONE:					
2 <sup>ND</sup> BUSINESS PHONE:	Ext. #	1 <sup>ST</sup> PAGER:					
CELLULAR:	2 <sup>ND</sup> PAGER:	2 <sup>ND</sup> PAGER:					
1 <sup>ST</sup> FAX NUMBER:		TOLL FREE PHONE:	TOLL FREE PHONE:				
2 <sup>ND</sup> FAX NUMBER:	TELEX:	TELEX:					
WRITTEN SIGNATURE OF PERSON AUT	THORIZED TO SIGN PROPOS	SALS ON BEHALF OF THE A	BOVE NAM	ED VENDOR	Date E	EXECUTED	
			<b>E</b> SIGI	N HERE			
Type or Print Name of Authorize	TIT	TITLE OF AUTHORIZED PERSON					
Is Your Business Currently a DA	S CERTIFIED SMALL BUS	 INESS Enterprise? □ Vi	ES (ATTACH	COPY OF CERTIF	ICATE) <b>Г</b>	1 No	
Is Your Business Currently a CT							
IF YOU ARE A STATE EMPLOYEE, INDICATE YOUR POSITION,							
AGENCY & AGENCY ADDRESS							
PURCHASE ORDER DISTRIBUTION:							

ADD FURTHER BUSINESS ADDRESS, E-MAIL & CONTACT INFORMATION ON SEPARATE SHEET IF REQUIRED

NOTE: THE E-MAIL ADDRESS INDICATED IMMEDIATELY ABOVE WILL BE USED TO FORWARD PURCHASE ORDERS TO YOUR BUSINESS.

(E-MAIL ADDRESS)