

OFFICE OF THE STATE PUBLIC DEFENDER PAYMENT AUTHORIZATION & SUBSTITUTE W9

(To be completed and signed by contract attorney or other vendor performing service)

PART 1 - Authorization	I, _____ request that payment owed to me by the State Public Defender (SPD) pursuant (please print/type)		
	to my indigent defense contract, SPD rules, or Iowa law shall be paid to the individual or business designated below in Part 2.		
	This change is effective: <input type="checkbox"/> for all claims submitted on or after this date <input type="checkbox"/> for all unpaid claims currently pending with SPD.		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-top: 1px solid black; text-align: center;">Signature</td> <td style="width: 33%; border-top: 1px solid black; text-align: center;">Title</td> <td style="width: 33%; border-top: 1px solid black; text-align: center;">Date</td> </tr> </table>	Signature	Title
Signature	Title	Date	

(To be completed and signed by individual or entity named below)

CHECK APPROPRIATE BOX FOR FEDERAL TAX CLASSIFICATION:

Individual/sole proprietor
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification _____
(C=C corporation, S=S corporation, P=partnership)
 Other (please explain) _____

NAME (as shown on your income tax return)

BUSINESS NAME/DOING BUSINESS AS/disregarded entity name, if different from above

TAXPAYER IDENTIFICATION NUMBER (TIN) Enter your TIN in the appropriate box.

The TIN provided must match the name given on the "Name" line to avoid backup withholding.

- For individuals, this is your social security number (SSN).
- However, if you are a resident alien and you do not have or are not eligible to get a SSN, your TIN is your IRS individual taxpayer identification number (ITIN).
- If you are a sole proprietor and have an EIN, you may enter either your SSN or EIN; however the IRS prefers that you use your SSN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN.
- If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Social Security Number:

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*****Choose one – NOT BOTH*****

Employer Identification Number:

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ADDRESS (number, street, and apt. or suite no.)

CITY, STATE, AND ZIP CODE

PHONE NUMBER:

FAX NUMBER:

Certification – Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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 subjected to backup withholding as a result of a 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 as defined for federal tax purposes (See IRS Form W9).

Signature

Title

Date

PART 2 - Substitute W9