# How to submit a sub w9 form

• Go to the Kentucky Fire Commission website. <u>https://kyfirecommission.kctcs.edu/</u>

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ABOUT F	IRE COMMISSION PROGRAMS	STATE FIRE RESCUE TRAINING H	OMELAND SECURITY NEW	S & EVENTS			
	AN A	FIRE COMMISSIO	RN 6	0			

• Click about.



• Go to forms and find the KCTCS Sub W-9 Form (Fillable Field PDF)

#### About

- Fallen Firefighter Memorial
- Job Openings
- Meeting Date and Meeting Minutes
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#### Forms

#### State Aid

- Approved Equipment List (PDF)
- 2022-2023 Proof of Purchase (Fillable/Excel)
- 2022-2023 Proof of Purchase Instructions (PDF)

#### **Financial Disclosure**

- KY Fire Commission Financial Disclosure FY 21-22 Information (Word)
- KY Fire Commission FY21-22 Financial Disclosure Report (PDF)
- KY Fire Commission FY21-22 Financial Disclosures Explanatory (PDF)

#### Establishing a Fire Department

#### Sub W-9s

- KCTCS Sub W-9 Form (Fillable Field PDF)
- Sub W-9 Form Instructions (PDF)

Sub w9 Page 1:

Step 1: At the top of the form, check which option(s) are applicable. If one box is only checked (Incentive, State Aid or Grants) please submit another sub w-9 form for the other options. If all funds from the fire commission go to the same account, check all funds.



Step 2: Check either new vendor or change to existing vendor. If your agency is currently getting paper checks then mark new vendor, if your agency gets direct deposit and needs to update the information mark change to existing vendor.

<b>New Vendor (complete entire form)</b> Federal Tax ID #: (Required) XX-XXXXXXXX Legal Name used for purposes of IRS reporting	Changes to existing vendor
Organization Name	
Business Name (if different from name used for purpor	ses of IRS reporting)

Step 3: In the next section type and click the boxes that apply: agency federal tax id #, TIN/EIN or SSN, legal name, business name (if different), does your business accept credit cards, type of business, business classification.

New Vendor (complete entire form)       Changes to existing vendor         Federal Tax ID #: (Required)       XX-XXXXXX         Image: State of the second function of the sec					
Organization Name					
Business Name (if different from name used for purposes of IRS reporting)					
Does your business accept credit Cards?       Yes No       If yes, V is a MC       O t h e r :         Type of Business (Required):       GovernmentEntity       Foreign Nonresident Individual         Partnership       Foreign Entity (other than individual)       Limited Liability Company         Non Profit/501(c) Entity       U.S. Agent of Foreign Person/Entity       Individual/Sole Proprietor (US Citizen)         Other @larges Function       Other foreign       Individual/Sole Proprietor (US Citizen)					
Business Classification (Required - Select only one - Does not apply	<i>y</i> to publically traded entities)				
Minority Business Enterprise/MBE         (please choose one sub-classification at right):         Defined as a business at least 51% owned by one or more         African-Americans, Hispanics, Native Americans, Asian Pacific	Hispanic-American       African-American         Asian-American       American Indian         Other (explain):       Other (explain):				
Americans, Asian Indian Americans, and other groups as defined by Federal law.					
Women-Owned Business Enterprise/WBE           Defined as a business at least 51% owned by one or more women.	<b>Disadvantaged Business Enterprise/DBE</b> Defined as a business at least 51% owned by at least one differ- ently- abled, socially, or economically disadvantaged individual as defined by Federal law.				
Veteran Owned Business/VOB         Defined as a business at least 51% owned and operated by a service veteran.         Image: Comparison of the service of the service veteran.         Image: Comparison of the service veteran.         Image: Comparison of the service of the ser	Disadvantaged Veteran Owned Business/DVOB Defined as a business at least 51% owned and operated by a service veteran with a service-related disability of at least 10 percent.				
Image: None of the Above     Image: Description of the Above	Other (Explain):				

Step 4: Type your signature, date and printed name.

#### Certification

Under penalties of perjury, I certify that:

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 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 subject 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 I am a U.S. person (including a U.S. resident alien).

Signature of U.S. Person Signature	Date 11/27/2023
Printed Name: Name	

## Sub w9 Page 2

Step 5: **Do not fill out the Purchase Order section.** Type the information into the remittance section: Vendor name (if different), Remit to address, City, State, Zip, Remit to Contact Name, Email, Remit Phone, Fax. Changing the address, click the box and add the address in the box.

Purchase Order	PurchaseOrderInformation	Check if remit add res	ss is sam	e as F	<b>'O address</b>	
Preferred Method of Receiving Purchase Orders: Email Fax Check if there is a change to your Purchase order address						
Vendor Name (if different from above)	DONOT			••••		
Order to Address		COMPLET	ΕI	H	E [	
City					<b></b>	
Sales Contact Name	PURCHASE	ORDER S	EC	(	JN 🛛	
Sales Contact Phone						
Purchase Address – Change to						
Remittance	Remittance Add	lress as it appears on you	ur invoie	ce		
Vendor Name (if different from above)						
Remit to Address	1 Fire Department Drive					
City	Paris	State	KY	Zip	40361	
Remit to Contact Name	Contact Person	Email	Organization Email			
Remit to Phone	XXX-XXX-XXXX	Fax				
Remit to Address – Change to						

Step 6: Direct deposit information, complete all fields: Name on Bank Account, Bank account, Bank Routing Number, bank account number, mark if the account is a checking or savings, email address, mark if this is establishment of a new direct deposit or change to existing direct deposit. If a direct deposit is set up and need to change the email that receives the notification of funds being deposited, mark new email address, and fill in the blank.

Direct Deposit Information (All fields are required to receive ACH electronic direct deposit payments)					
Name on Bank Account: General, State Aid, Savings, Grants					
Bank Name (include branch name if applicable): XXX Bank					
Bank Routing Num	ber (9-digit ABA #): <b>############</b> ########################	Bank Account Number:	#######		
Mark only one (should match information noted above): Checking: Savings:					
E-mail address Please print <i>LEGIBLY</i> Required for electronic notification of payment to your bank account.					
Organization Email					
Mark if this is a:	✓Establishment of a new direct deposit	Change of existin	ng direct deposit		
Email change only	New email address to where payment	notification to be sent:			

### Step 7: Type your name, signature, and date.

I hereby authorize and request KCTCS to initiate credit entries for payment to my account. If necessary, a debit entry may be made in accordance with National Automated Clearing House Association (NACHA) rules reversing a credit entry made in error at the financial institution named. The electronic payment data remains in effect until withdrawn by written notification to KCTCS, 300 North Main Street, Versailles, KY 40383.

Name	Signature	11/27/2023
PRINTED NAME	Authorized Signature	Date

# Step 11: Save the document and attach it in an email to fdstateaid@kctcs.edu.