** Contractor Setup Form: Domestic**

Dear Contractor:

Completion of this **Contractor Setup Form** is required to process and pay invoices in a timely manner. Due to the nature of our business, additional paperwork and/or contracts may be required before a contractor is authorized to provide a service, be on our premises, and/or access our proprietary data, content, or systems.

This **Contractor Setup Form** includes two sections. Please complete both.

* **Section 1:** Contractor Information
* **Section 2:** Certification

In addition to completing the two sections on this form, contractors are required to submit a **W-9**.

* + The W-9 form can be found by clicking on this link: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
	+ U.S. Federal Tax Law requires Scantron to maintain a file with a contractor’s tax identification number and contractor type. Failure to provide the requested information may prevent or delay payment, impose a 28% backup tax withholding, and/or risk task penalties.
	+ Old W-9 forms will not be accepted.

Once you have completed the two sections below, email this document and your W-9 to VendorSetup@scantron.com. If you have any questions, please call 866-599-0461.

**Section 1: Contractor Information**

*Please type N/A after anything that does not apply to you.*

**Contractor’s Legal Name or Business Name:** Click or tap here to enter text.

**Doing Business As (DBA) Name:** Click or tap here to enter text.

## Contractor Address 1 *(Address for receiving your 1099)*:

### Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

**Contractor Address 2:** *(Address for receiving a physical check, such as a PO Box, if different than above)*

### Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

**Payment Type**: *(please check one****)*** [ ]  **CHECK** [ ]  **ACH**

**If you choose electronic payment, please provide the information below**:

Bank Name**:** Click or tap here to enter text. Name on Bank Account: Click or tap here to enter text.

Bank Address: Click or tap here to enter text. Email for Payment Notification: Click or tap here to enter text.

Acct #: Click or tap here to enter text. ABA/Routing #: Click or tap here to enter text.

**Section 2: Certification**

The contractor certifies that the information provided within this **Contractor Setup Form** and its attachments are accurate to the best of the signatory’s knowledge.

Printed Name: Click or tap here to enter text.

Signature:

Date: Click or tap here to enter text.