New York State Thruway Authority
Office of Accounting and Disbursements
P.O. Box 189
Albany, NY 12201-0189
suppliermgmt@thruway.ny.gov

Clear Form

SUPPLIER REGISTRATION

Purpose: This form is completed by suppliers interested in doing business with the New York State Thruway Authority (Authority).

INSTRUCTIONS:

- All suppliers must complete Sections I, II and III.
- See page 2 for additional information.
- Submit completed form along with a completed IRS form W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION via fax to (518) 436-3011, email or mail to the appropriate address above.
- Registration questions may be addressed to Supplier Management at the email address above or by calling (518) 436-2859.

Section I Supplier Information

Supplier Name/DBA	Taxpayer Identification No. (EIN or SSN)

Alternative Names (if applicable)

Organization: Is this organization any of the following? (check all that apply)	Certification: Is this company certified with New York State as any of the following?	Services: Does this company provide services?
☐ Government Agency ☐ Non-profit (exempt per IRS rules) ☐ Limited Liability Partnership	☐ Minority Business Enterprise (MBE) ☐ Women's Business Enterprise (WBE) ☐ Service Disabled Veteran-Owned Business (SDVOB)	☐ Yes. If "Yes", check type(s) below. ☐ No ☐ Non-employee compensation ☐ Rents ☐ Medical Services ☐ Legal Services ☐ Other (specify) _____

Section II Supplier Address Sites (attach additional sheets if necessary)

This address and contact information should be used for (check all that apply): ☐ Purchase Orders ☐ Payments ☐ Tax Reporting

Address	Contact Name	Contact Title or Department	Phone No. ( ) -	Fax No. ( ) -	Contact Email Address

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Address	Contact Name	Contact Title or Department	Phone No. ( ) -	Fax No. ( ) -	Contact Email Address

Section III Supplier Authorization

_____ Authorized Company Representative Name (print or type)

_____ Company Representative Title (print or type)

_____ Authorized Company Representative Signature

_____ Date

Notification Required Under Personal Privacy Protection Law

The information that you are providing in this form is being requested for the principal purpose of keeping a record of supplier information used for processing payments. This information is being requested pursuant to the New York State Public Authorities Law as well as the New York State and Federal tax laws (see New York State Tax Law § 674, 26 USC § 6041). Failure to provide this information may result in a delay of payment processing. This information will be used in accordance with Section 96(1) of the Personal Privacy Law, particularly subdivisions (b), (e) and (f). This information is being requested by the Department of Finance & Accounts and will be maintained in the Authority's financial system. This information will be maintained by the Director of Accounting & Disbursements, New York State Thruway Authority, 200 Southern Blvd., Albany, NY 12209-2098, (518) 436-2859.

Section IV For Office Use Only

Classification	Tax Reporting	Supplier No.
☐ MBE ☐ WBE ☐ SDVOB	☐ Yes ☐ No Type _____ Misc. Code _____	Entered _____ Date _____

SUPPLIER REGISTRATION

Additional Information

Section I

Supplier Name/DBA - The name that will be used to conduct business with the Authority. This name will be used on purchase orders, contracts and for payments.

Taxpayer Identification Number (TIN) - Corporations must enter their Employer Identification Number (EIN). If the Supplier does not have a Federal Identification Number, the Social Security Number (SSN) of the principal of the firm should be entered.

Alternative Names - Any other names under which a supplier may be operating or used when billing the Authority.

Organization - If the supplier is a Governmental Agency, Non-profit or Limited Liability Partnership (LLP), select the organization type that applies. All other organization types for tax reporting purposes can be found on the W-9.

MWBE Certification - Check the box that applies only if the supplier is currently a New York State Certified "MWBE" (Minority and Women-Owned Business Enterprise). If you are not a New York State Certified "MWBE" and would like information on how to become certified, contact the Empire State Development, Division of Minority and Women-Owned Business Development at (518) 292-5250 or visit http://ny.newnycontracts.com.

SDVOB Certification - Check the box that applies only if the supplier is currently certified with the Office of General Services (OGS) as a New York State Certified "SDVOB" (Service Disabled Veteran-Owned Business). If you are not a New York State Certified "SDVOB" and would like information on how to become certified, contact the OGS, Division of Service Disabled Veterans' Business Development at (518) 474-2015 or visit https://www.ny.gov/services/become-certified-service-disabled-veteran-owned-small-business.

Services - If the supplier provides services for the Authority, check the boxes for the types of services that apply. Tax reporting may be required if a supplier provides services for the Authority.

Section II

Supplier Address Sites - Suppliers who are not already registered in iSupplier should provide an address and contact information where Purchase Orders and all other correspondence should be sent and a Remittance Address to which payments should be sent.