

ARIZONA NATIONAL GUARD STATE TUITION REIMBURSEMENT FOR SPOUSES/DEPENDENTS					Approved/Denied
APPLICANT AND SPONSOR MUST COMPLETE ITEMS 1 THROUGH 23					
COMMANDING OFFICER MUST COMPLETE 24 THROUGH 26					
1. Applicant Name (Last, First, MI):		2. Applicant SSN #:		3. Full Name and Rank of Sponsor:	
4. Applicant's Complete Mailing Address (include city, state and zip code):			5. Sponsor SSN		6. Unit of Sponsor
7. Did sponsor complete AIT or Tech School: YES__ NO__			8. Sponsor Basic Pay Entry Date: YYYYMMDD		9. Sponsor ETS Date: YYYYMMDD
10. Email Address of Applicant:			11. Applicant Home/Cell phone:		
12. School Name:		13. School Address Include City, State and Zip Code:			
14. STUDENT STATUS (Check One): FULL TIME ___ 3/4 TIME ___ PART TIME ___		15. SCHOOL TERM (Check One): FALL ___ WINTER ___ SPRING ___ SUMMER ___			
16. I am currently pursuing a: AA DEGREE ___ 1st BACHELORS ___ 2nd BACHELORS ___ VO/TECH/CERT ___ MASTERS ___					
17. Current education level: HS DIPLOMA ___ SOME COLLEGE/CERTIFICATION ___ AA DEGREE ___ BACHELORS ___ MASTERS ___					
COURSE NUMBER (ENG-101)	COURSE TITLE	CREDIT HOURS	COST PER CREDIT HOUR	COURSE COST (d x e = f)	
b.	c.	d.	e.	f.	
Total cost of FEES:					
18. Date Semester / Course a. Begins:			b. Ends:		19. Total Cost Tuition plus Fees \$
					COST TO STATE: \$
20. Employer of Applicant: _____ Employer phone number is (_____) _____					
I certify that I AM ___ AM NOT ___ (check one) receiving reimbursement from my employer for the above course(s) in the amount of \$ _____ per semester/year					
I certify that I AM ___ AM NOT ___ (check one) receiving a scholarship – FULL ___ or PARTIAL ___ check one). Scholarship amount \$ _____					
I certify that I AM ___ AM NOT ___ (check one) receiving the Post 9/11 GI Bill through Transfer of Benefits for the above courses.					
21. Applicant certifies that he/she has <u>READ AND UNDERSTANDS ALL</u> of the <u>STR GUIDE LINES</u> : _____ (Initial)					
22. DATE:		23. SIGNATURE OF APPLICANT:			
24. I certify that the above Sponsor is a satisfactory participant and in good standing with the unit on the _____ day of _____ year 20_____.					
25. NAME AND GRADE OF COMMANDING OFFICER:			26. SIGNATURE OF COMMANDING OFFICER:		
{OFFICE USE ONLY}					
27. TUITION REIMBURSEMENT IN THE AMOUNT INDICATED BELOW IS APPROVED:					
RECEIPT OF GRADES (YYYYMMDD) and ZERO BALANCE RECEIPT _____ (YYYYMMDD) \$ _____					
28. DATE:		29. TYPED NAME OF EDUCATION OFFICER:		30. SIGNATURE:	

State of Arizona Substitute W-9: Request for Taxpayer Identification Number and Certification

Submit completed form to the State of Arizona Agency with whom you are doing business with for review and authorization.

1	Type of Request (Must select at least ONE) <input type="radio"/> New Request <input type="radio"/> New Location (Additional Address ID) <input type="radio"/> Change - Select the type(s) of change from the following: <input type="checkbox"/> Tax ID <input type="checkbox"/> Legal Name <input type="checkbox"/> Entity Type <input type="checkbox"/> Minority Business Indicator <input type="checkbox"/> Main Address <input type="checkbox"/> Remittance Address <input type="checkbox"/> Contact Information																													
2	Taxpayer Identification Number (TIN) (Provide ONE Only) TIN - OR SSN - -																													
3	Entity Name (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name.) Legal Name <input style="width: 100%;" type="text"/> DBA Name <input style="width: 100%;" type="text"/>																													
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6	Veteran Owned Business <input type="checkbox"/> YES <input type="checkbox"/> NO																													
7	Entity Address Main Address (Where tax information and general correspondence is to be mailed) Remittance Address (Where payment is to be mailed) <input type="checkbox"/> Same as Main <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Address Line 1</td> <td colspan="3">Address Line 1</td> </tr> <tr> <td colspan="3">Address Line 2</td> <td colspan="3">Address Line 2</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip code</td> <td>City</td> <td>State</td> <td>Zip code</td> </tr> </table>			Address Line 1			Address Line 1			Address Line 2			Address Line 2			City	State	Zip code	City	State	Zip code									
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Phone	Ext.	Fax	Email																											
9	Exemption from Backup Withholding and FATCA Reporting: Complete this section if it is applicable to you. See instructions for more details Exemption Code for Backup Withholding <input style="width: 100%;" type="text"/> Exemption Code for FATCA Reporting <input style="width: 100%;" type="text"/>																													
10	Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct Taxpayer Identification Number, 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 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 3. I am a US citizen or other US person, and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.																													
	Signature		Print Name		Date																									

The State of Arizona Substitute W-9 Form Instructions

The State of Arizona (State), like all organizations that file an information return with the IRS, must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. The State uses the Substitute W-9 Form to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor system and to avoid Backup Withholding as mandated by the IRS. According to IRS regulations, the State must withhold 28% of all payments if a vendor/payee fails to provide the State its certified TIN. The Substitute Form W-9 certifies a vendor/payee's TIN. Any vendor/payee who wishes to do business with the State must complete the Substitute W-9 Form.

Part 1 - Type of Request: Select only one.

Part 2 - Taxpayer Identification Number (TIN): Enter your nine-digit TIN. The TIN is either your nine-digit Social Security Number (SSN) assigned by the Social Security Administration (SSA) or Employer Identification Number (EIN) assigned by the Internal Revenue Service (IRS).

Part 3 - Entity Name: Enter the legal name as it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name. Enter your DBA in the designated line if applicable.

Part 4 - Entity Type: Select only one for TIN given.

Part 5 - Minority Business Indicator: Select only one for TIN given.

Part 6 - Veteran Owned Business: Select only one for TIN given.

Part 7 - Entity Address: List the locations for tax reporting purposes and where payments should be mailed.

Part 8 - Entity Contact Information: List the contact information.

Part 9 - Backup Withholding and FATCA Exemptions: If you are exempt from Backup Withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you.

Backup Withholding Exemption Codes: Generally, Individuals (including Sole Proprietors) are not exempt from Backup Withholding. Additionally, Corporations are not exempt from Backup Withholding when supplying legal or medical services. If you do not fall under the categories below, leave this field blank. The following codes identify payees that are exempt from Backup Withholding:

Code 1: An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b) (7) if the account satisfies the requirements of section 401(f) (2)

Code 2: The United States or any of its agencies or instrumentalities

Code 3: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or Instrumentalities

Code 4: A foreign government or any of its political subdivisions, agencies, or instrumentalities

Code 5: A corporation

Code 6: A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States Code 7: A futures commission merchant registered with the Commodity Futures Trading Commission

Code 8: A real estate investment trust

Code 9: An entity registered at all times during the tax year under the Investment Company Act of 1940

Code 10: A common trust fund operated by a bank under section 584(a)

Code 11: A financial institution

Code 12: A middleman known in the investment community as a nominee or custodian

Code 13: A trust exempt from tax under section 664 or described in section 4947

FATCA Exemption Codes: The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. If you are only submitting this form for an account you hold in the United States, leave this field blank. The following codes identify payees that are exempt from FATCA Reporting:

Code A: An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a) (37)

Code B: The United States or any of its agencies or instrumentalities

Code C: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

Code D: A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

Code E: A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c) (1) (i)

Code F: A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

Code G: A real estate investment trust

Code H: A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

Code I: A common trust fund as defined in section 584(a)

Code J: A bank as defined in section 581 Code K: A broker

Code L: A trust exempt from tax under section 664 or described in section 4947(a) (1)

Code M: A tax-exempt trust under a section 403(b) plan or section 457(g) plan

Part 10 - Certification: Please sign, date and provide preparer's name in appropriate space.

ARIZONA

DEPARTMENT OF ADMINISTRATION
GENERAL ACCOUNTING

Automated Clearing House (ACH) Authorization

Instructions

- Do not submit completed form to State of Arizona agencies. Any request for ACH payments into multiple ACH accounts will be reviewed and approved on a case-by-case basis.
- For AHCCCS Medicaid Providers, only use the following link to self-register EFT/ACH information: <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/directdeposit.html>
- Contact Vendor.PayAutomation@azdoa.gov with questions or concerns.
- Do **not** submit the form to the agency with which business is being conducted.
- Submit the completed form to: Vendor.PayAutomation@azdoa.gov

Section 1: Request Type (Select One)

New Change Cancellation Cancellation Reason:

Section 2: Taxpayer Identification Number (TIN) (Whichever is associated with the legal name in the next section.)

EIN Assigned by IRS OR Social Security Number

Section 3: Legal Name, Address, and Contact Information

Legal Name
Street Address City
State Zip Code
Phone Number Ext Email

Section 4: Change Information (For Change Requests Only)

Change?	Type of Change	Previous Value
Yes No	Financial Institution	
Yes No	Account Type (Select One)	Checking Savings
Yes No	Account Number	

Section 5: Authorization for New Setup, Change(s) or Cancellation

Pursuit to A.R.S. Sec. 35-185, I authorize the Arizona Department of Administration (ADOA), General Accounting Office (GAO) to process payments owed to me by the State of Arizona via Automated Clearing House (ACH) deposits. The State of Arizona shall deposit the ACH payments in the financial institution and account designated below. **I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or made impossible, and my electronic payments may be posted to the wrong account.**

I authorize the State of Arizona to withdraw from the designated account all amounts deposited electronically in error in accordance with NACHA rules and timelines.

If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize the State of Arizona to withhold any payment owed to me by the State of Arizona until the erroneously deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to the ADOA-GAO. The change or revocation is effective on the day the ADOA-GAO processes the request.

I certify that I have read and agree to comply with the State of Arizona's rules governing payments and electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. I consent to, and agree to, comply with these rules even if they conflict with this authorization form. I authorize the State of Arizona to stop making electronic transfers to my account without advance notice.

I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement and that all information provided is accurate.

Signature	Name	Title	Date
1.*			
2.			
3.			

*Required

Addendum Record Format: CTX CCD+ Detailed ACH payment can also be viewed online at <https://venpay.az.gov/paymtsearch>.

Section 6: Financial Institution (The address is optional, but the financial institution name is required.)

Financial Institution Name
Street Address City
State Zip Code
Phone Number Ext Account Type Checking Savings
Routing Number Account Number

For General Accounting Office (GAO) Use Only

Vendor # Address ID
Doc Number Entity Contact/Verified by

Verified and Entered by	Approved by
<input type="text"/>	<input type="text"/>
Name	Name
<input type="text"/>	<input type="text"/>
Date (Month / Day / Year)	Date (Month / Day / Year)

STATE OF ARIZONA ACH AUTHORIZATION FORM INSTRUCTIONS

ORIGINAL FORM IS PREFERRED. ANY REQUEST FOR ACH PAYMENTS INTO MULTIPLE ACH ACCOUNTS WILL BE REVIEWED AND APPROVED ON A CASE-BY-CASE BASIS.

**DO NOT SUBMIT COMPLETED FORM TO STATE OF ARIZONA AGENCIES.
SUBMIT COMPLETED FORM TO THE GENERAL ACCOUNTING OFFICE FOR REVIEW AND SETUP.**

SUBMIT COMPLETED FORM TO:

DEPARTMENT OF ADMINISTRATION/GENERAL ACCOUNTING OFFICE
ATTN: VENDOR SETUP
100 N 15TH AVE, STE 302 PHOENIX, AZ 85007

For **AHCCCS Medicaid Providers only** use the following link to self-register EFT/ACH information:

<https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/directdeposit.html>

Part 1 - Request Type: Select one.
Part 2 - Taxpayer Identification Number (TIN): Enter your nine-digit TIN. The TIN is either your nine-digit Employer Identification Number (EIN) assigned by the Internal Revenue Service (IRS) or Social Security Number (SSN) assigned by the Social Security Administration (SSA), whichever one is associated with the Legal Name in Part 3.
Part 3 - Legal Name, Address, and Contact Information: Complete all information.
Part 4 - Change Information (Change Request Only): Check all boxes that correspond to the account information being changed.
Part 5 - Authorization: List at least one authorized signer and up to two additional authorized signers. Only an authorized signer is able to authorize new setup and changes.
Part 6 - Financial Information: Complete all information. Address is optional.
Part 7 - General Accounting Office Use Only: Do not complete.