ARIZONA NATIONAL GUARD SERVICE MEMBER/SPOUSE/DEPENDENT STATE TUITION REIMBURSEMENT APPLICATION APPLICANT COMPLETES ITEMS 1 TO 23, COMMANDING OFFICER MUST COMPLETE 24 TO 26 1. Applicant Name(Last, First, MI) 2. Applicant DoDID or SSN# 3. Rank 4. Sponsor Name (Last, First, MI; if applicant is a spouse or dependent) 5. Sponsor DoDID or SSN# 6. Unit 8. In initial contract: 7. Completed IADT/BOLC/Tech School: Y Ν 9. Basic Pay Entry Date Phone: 11. Mailing Address (Include city, state and zip code) 10. ETS/MRD Date 12. Email (applicant and any that you want notified) 13. Degree/Certificate Level pursuing: AA 1st Bachelors 2nd Bachelors Master's Doctorate Vocation/Certification Other: 14. Current Education Level: Dual Enrollment **HS Diploma** Bachelors Some College AA Degree Masters Doctorate 15. School Name: 16. School Address (Include city, state and zip code) 17. Term Year: (yyyy) Spring Summer Fall Winter 18b. Course End Date 18a. Course Start Date 19. Courses a. Course Number c. Credit (HIS 101) b. Course Title Hours d. Cost Per Hour e. Total f. Fees (cannot be for books or housing, inclusion not guarranteed, must show on receipt) g. Total Costs: 20. Other Assistance: (Enter all that apply, Amounts may be approximate, Must show on receipt) GI Bill 1606 \$_____ Ch 33 FTA Ch 30 \$_____ Ch 31 Employer: Employer Name: Initals: 21. Acknowledgements I understand that STR is not guaranteed and is subject to approvals and funding. I understand that failure to provide complete and accurate information may delay or prevent payment. I have read, understand, and agree to the STR guidelines. 22. Applicant Signature 23. Date 24. I certify that the above applicant is a satisfactory participant as of: 25. Name/Grade of Commanding Officer: (Last, First, MI, Rank) 26. Signature 27. Education Office Use Only Vender # (If established/known) Grades/Receipt Received:(yyyymmdd) Reimbursement Amount Approved: \$ Sent to Accounting: (yyyymmdd) Name/Grade of Education Officer (Last, First, MI, Grade) Signature ESO Approved (yyyymmdd)



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.

	Type of Request (Must select at le	ast ONE)									
1	New Loca New Request (Additional ID)	al Address 🔘 ty	hange - Selec pe(s) of chan e following:		Tax ID Main A	Legal Na	ame Enti	ty Type [Minority Bu	usiness Indio	:ator
_ 1	Taxpayer Identification Number (TIN) (Provide ONE	Only)								
2	TIN -		OR	SS	N	-	-				
,	Entity Name (As it appears on IRS EI If Individual, Sole Proprietor, Single N	•				ial Security A	dministration	n Records	, Social Securi	ity Card.	
기	Legal Name										
	DBA Name										
	Entity Type (Must select ONE of the	following)									
	☐ Individual/Sole Proprietor or Single-Member LLC			The US or any of its political subdivisions or instrumentalities						ı	
4	○ Corporation			A state, a possession of the US, or any of their political subdivisions or						1	
	Partnership Limited Liability Company (LLC) including Corporations &			instrumentalities Other: Tax Reportable Entity Other: Tax Exempt Entity			Des	cription			
1	Minority Business Indicator (Must	solost ONE of the fo	llowing)	Other	. Tax Exer	прешину		l			—
	-						0				_
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5	Small Business - Hispanic (Woman Owned Business				Minority Owned Business- Native American				_
	Small Business- Native American		Woman Owned Business- African American			n	Minority Owned Business- Other Minority				_
	Small Business- Other Minority		Woman Owned Business- Asian				Non-Profit, IRC §501(c) Non-Small, Non-Minority or Non-Woman Owned				_
	Small, Woman Owned Business		Woman Owned Business- Hispanic				Business				
	Small, Woman Owned Business- African American		Woman Owned Business- Native American			1	Individual, Non-Business				
_	Small, Woman Owned Business- Asian	usiness- Oth	ness- Other Minority								
5	Veteran Owned Business	YES N	0								
1	Entity Address										
	Main Address (Where tax information and	d general corresponde	nce is to be i	mailed)	Remittar	nce Address (V	/here paymen	t is to be m	ailed) Sa	ame as Mair	1
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'	Address Line 2				Address Line						
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_	Vendor Contact Information										
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	Phone Ext. Fax			Email							
a]	Exemption from Backup Withholo	ling and FATCA Re	porting: Co	omplete t	his sectio	n if it is appli	cable to you.	See instr	uctions for m	ore details	;
ן כ	Exemption Code for Backup Withholding				Exemption Code for FATCA Reporting						
0	Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correc 2. I am not subject to Backup Withholding beca failure to report all interest or dividends, or (c) t 3. I am a US citizen or other US person, and 4. The FATCA code(s) entered on this form (if ar The Internal Revenue Service does not require to the company of th	use: (a) I am exempt from the IRS has notified me the my) indicating that I am ex your consent to any provi item 2 above if you have eal estate transactions, ite	Backup Withhat I am no long empt from FAI sion of this doo been notified I	er subject to CA reportin cument othe by the IRS th apply. For mo	Backup Wit g is correct. It than the c at you are cortgage inte	thholding, and ertifications requ urrently subject t rest paid, acquisi	ired to avoid bad to backup withholition or abandon	ckup withho olding becau ment of seco	lding. Ise you have faile ured property, cai	d to report all ncellation of	
	provide your correct TIN. Signature		Print Na	me				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

<u>Code 6</u>: A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States <u>Code 7</u>: 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)

<u>Code B</u>: 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)

<u>Code F</u>: 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

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.



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.

Do **not** submit the form to the agency with which business is being conducted.

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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** <u>only</u> 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.