State of Wisconsin Wisconsin Department of Administration Division of Executive Budget & Finance DOA-6457 (R04/2017)



Submit completed documents to the State
Agency you are invoicing. If you need a contact
name and address for agency, email
wivendors@wi.gov. NOTE: this email address
does not accept documents for processing.

## STAR Vendor Information

Required sections must be completed or the form will not be processed. Incomplete forms will be returned. All information must be legible.

ALL SECTIONS REQUIRED UNLESS OTHERWISE NOTED Section 1 - Please specify type of action Enter the Name of the Agency You Are Invoicing WI Department of Transportation Select your entity type below and complete the sections indicated: New Individual or business that provides goods or services to a state agency - complete all sections except section 7. New City, County, Town, Village, School District, Special Tax District or Technical College - complete all sections. Note - If you are an INDIVIDUAL that DOES NOT provide goods or services to a state agency (i.e. a grant recipient), you may submit IRS W-9 or W-8 EIC only - you DO NOT need to complete this form. You must include your email address (if you have one) in the requestors name and address area of the W-9 or W-8 EIC. New Vendor/Business - Attach W-9 or W-8 BEN ☐ Additional Address ☐ Additional Location For Agency Use Only - Required for Changes Supplier ID ☐ Change Contact Person/Information **Location Name** ☐ Change of Address – (Provide old address below) Address ID# Check All that Apply: ☐ Remit to Address ☐ 1099 Address Old Address: ☐ Change of TIN – (also attach IRS W-9 & ☐ Change of Name – (also attach IRS W-9 & DOA-6459 Change of Tax ID.) DOA-6458 Change of Vendor Name.) Section 2 - Please provide Vendor Information Legal Business or Individual Name (Must match attached W-9 or W-8 ECI): Valiant Electric, Inc. Business Name, Trade Name, Doing Business as: (If different from above): Section 3 - Taxpayer Identification Information (Only Provide One Number or Document Will be Returned) Federal Employer Identification Number: example 00-0000000 Social Security Number: example 000-00-0000 45-4082081 DUNS No. example 000000000 (Required for Grant Recipients) Section 4 - Remit To Address (For Checks) Address: County: 4623 75th St #4, Box B212 Kenosha Address (cont.): City: State: ZIP Code + 4: Kenosha WI 53142 Section 5 (Optional) - Additional Address (If more than 2 remit addresses, or 1099 address) County: 5408 50th Street Kenosha Address (cont.): City: State: ZIP Code + 4: Kenosha WI 53144

## DOA-6457 (R05/2016) continued

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		on (For Vendor/Supplier)									
Name: Darren Johnson											
Phone: 262-657-7	one: FAX: 262-657-7070 262-657-9499		Email: Darren@ValiantElectricInc.com								
	ct										
Name: Jennifer Le	evin										
Phone: FAX: 262-657-7070 x3 262-657-9499			Email: Jennifer@ValiantElectricInc.com								
☐ Replace Contact	(Will be Marke	d Inactive)									
Name of Contact being	replaced:	***************************************	4								
Section 7 – Wisconsin	State Agency	, Local Government, or D	strict (As L	isted Below)							
Are you a Wisconsin St	ate Agency, Loc	cal Government, or District?	, DA	es 🏻 No							
If yes, Please Select Or	e of the Follow	ing:				-					
☐ City ☐ County	School Distr	rict Special Tax Distri	ct 🗌 Tec	hnical College	Town	☐ Village	Other				
Entity Name:					,						
Is your entity in the Wisconsin Department of Revenue State Debt Collection Program? (SDC)											
Is your entity in the Wise	consin Departm	ent of Revenue Tax Refund	Intercept P	rogram? (TRIP)		☐ Yes	⊠ No				
Does your entity receive	payments (i.e.	shared revenues) from WI	Department	of Revenue State	e & Local Fin	ance?  Yes	X No				
Section 8 – Please Sig	n and Date (Ve	endor/Supplier)									
Print Name:			Title: Date:								
Darren M. Johnson			President 9-6-18								
Authorized Signature:	m John						Att many companies				
Contact Email Address:			Contact Phone Number:								
Darren@ValiantElectricInc.com		262-657-7070									
Section 9 - For Agency	Use Only										
Agency Name:	gency Name: Agency Contact:			Contact Email:							
Comments (Optional)											
		•									
Note: This document of	contains sensi Pursuant to 2	tive information. Sending 6 USC 6109, the state is	y via non-se	ecure channels,	including e	-mail and fax	can be a				
		t to the IRS the amount t				carry numbers	and to				

Submit completed documents to the State Agency to be invoiced.

(Rev. November 2017) Department of the Treasury Internal Revenue Service

## **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.												
ł	Valiant Electric, Inc.												
	2 Business name/disregarded entity name, if different from above												
age 3.	following seven boxes.						4 Exemptions (codes apply only to certain entities, not individuals; see						
d uo s	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estationsingle-member LLC						instructions on page 3):  Exempt payee code (if any)						
ype						Exempt payee code (ii arry)							
Print or type. Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►  Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do  LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-mem is disregarded from the owner should check the appropriate box for the tax classification of its owner.						Exemption from FATCA reporting code (if any)						
eci	☐ Other (see instructions) ►							(Applies to accounts maintained outside the U.S.)					
g	5 Address (number, street, and apt. or suite no.) See instructions.  Requester's name and						nd address (optional)						
See	5408 50th Street												
	6 City, state, and ZIP code												
}	Kenosha, WI 53144												
	7 List account number(s) here (optional)												
Dos	Townsyay Identification Number (TIM)												
Part I Taxpayer Identification Number (TIN)					ial sec	ecurity number							
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a				T	T	7	Ī	T	Г	T	Ŧ		
resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other						-			-				
entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.					_	L	L	! L					
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.					loyer	yer identification number							
				_	Γ	Ţ			$\prod$	$\prod$			
				4	5 -	4	0	8	2	0	8	1	
Part	Certification												
	penalties of perjury, I certify that:												
2. I am Serv	number shown on this form is my correct taxpayer identification numb not subject to backup withholding because: (a) I am exempt from bac ice (IRS) that I am subject to backup withholding as a result of a failur inger subject to backup withholding; and	kup withholding, or (b)	I have no	ot b	een no	otifie	d by	the I	Intern				
3. I am a U.S. citizen or other U.S. person (defined below); and													
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.													
you hav	ation instructions. You must cross out item 2 above if you have been no re failed to report all interest and dividends on your tax return. For real est ion or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification, b	ate transactions, item 2 ons to an individual retire	does not ment arra	app ange	ily. Foi ement	mor (IRA)	tgag , and	e inte I gen	erest p erally	oaid , pay	/me	nts	
Sign Here	Signature of U.S. person > am Julian	D	ate ►	8	3/17/°	18							
Gen	eral Instructions	• Form 1099-DIV (div funds)	idends, ir	nclu	ıding t	hose	fror	n sto	ocks (	or m	utua	al	
Section references are to the Internal Revenue Code unless otherwise noted.		<ul> <li>Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li> </ul>											
<b>Future developments.</b> For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a> .		Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) Form 1099-S (proceeds from real estate transactions)											
			orm 1099-K (merchant card and third party network transactions)										
An indi	vidual or entity (Form W-9 requester) who is required to file an tion return with the IRS must obtain your correct taxpayer	• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)											
identific (SSN),	ation number (TIN) which may be your social security number ndividual taxpayer identification number (ITIN), adoption	<ul><li>Form 1099-C (cancel)</li><li>Form 1099-A (acquire)</li></ul>		•	ndonn	nent :	of se	cure	ed pro	pert	y)		
(EIN), to	er identification number (ATIN), or employer identification number oreport on an information return the amount paid to you, or other oreportable on an information return. Examples of information	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.											
		allen), to provide your correct TIN.											

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,

returns include, but are not limited to, the following. • Form 1099-INT (interest earned or paid)