



State of Kansas

Creating New SMART Supplier Record for 1042 Suppliers ONLY

Statewide Management, Accounting and Reporting Tool

Date Created:	January 3, 2022
General Information:	<p>KAP_Agy_Vendor_Processor security role in SMART is necessary to perform this task.</p> <p>Documents requested (one of the following):</p> <ul style="list-style-type: none">• W-8BEN• W-8BEN-E• If the supplier does not have one of the above, a replacement TIN will be assigned by the agency in the following format:<ul style="list-style-type: none">○ 9-digit number○ First 3 digits to be the agency number○ Next 2 digits to be "00"○ Last 4 digits to be agency assigned, such as 0001○ Each individual must have a unique number and it is up to the agency to track <p>Ensure all steps are complete prior to saving and exiting. The supplier record will be locked to agency changes once it is saved and the user exits the supplier record.</p>
Contents	<p>This document contains the following sections:</p> <ol style="list-style-type: none">1. 1042S (Foreign) Supplier documents<ul style="list-style-type: none">• Individual (W-8BEN)• Entities (W-8BEN-E)2. Check for Existing Supplier Record3. Navigation4. Add a New Value5. Identifying Information tab6. Address tab<ul style="list-style-type: none">• Supplier Address• Details• Payment/Withholding Alt Names• Phone Information7. Location tab<ul style="list-style-type: none"><u>Direct Deposit (ACH)</u><ul style="list-style-type: none">• Location number• Description line• Effective Date• Add 1042 Information• Add Banking Information<u>System Check</u><ul style="list-style-type: none">• Add 1042 Information8. Attaching documents9. Custom Tab10. Review and Save11. Duplicate TIN warning

5	U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	6	Foreign tax identifying number (see instructions)
7	Reference number(s) (see instructions)	8	Date of birth (MM-DD-YYYY) (see instructions)
Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)			
9	I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.		
10	Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____ Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____		

Certification

Supplier must sign and date Certification section.

Part III Certification	
Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:	
<ul style="list-style-type: none"> I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes, The person named on line 1 of this form is not a U.S. person, The income to which this form relates is: <ul style="list-style-type: none"> (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an applicable income tax treaty, or (c) the partner's share of a partnership's effectively connected income, The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions. 	
Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.	
Sign Here	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 35%; border-bottom: 1px solid black; margin-bottom: 2px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>Signature of beneficial owner (or individual authorized to sign for beneficial owner)</div> <div>Date (MM-DD-YYYY)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 2px;"> <div style="width: 60%; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 35%; border-bottom: 1px solid black; margin-bottom: 2px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>Print name of signer</div> <div>Capacity in which acting (if form is not signed by beneficial owner)</div> </div> </div>
For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 25047Z Form W-8BEN (Rev. 7-2017)	

Entities W-8BEN-E

This form is to be used by businesses only. This is an 8-page document.

This is general information to assist the supplier with determining which form they are to provide to agency. If they are in doubt as to which form they are to provide, they will need to contact their accountant or tax attorney.

Form W-8BEN-E (Rev. July 2017) Department of the Treasury Internal Revenue Service	Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities) <small>► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code. ► Go to www.irs.gov/FormW8BENE for instructions and the latest information. ► Give this form to the withholding agent or payer. Do not send to the IRS.</small>	OMB No. 1545-1621
Do NOT use this form for: <ul style="list-style-type: none"> U.S. entity or U.S. citizen or resident A foreign individual W-8BEN (Individual) or Form 8233 A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the U.S. (unless claiming treaty benefits) W-8ECI A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) W-8IMY A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) W-8EXP Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) W-8IMY 		

Supplier will complete the form to the best of their ability.

Part I Lines 1-7

Part I Identification of Beneficial Owner		
1 Name of organization that is the beneficial owner	2 Country of incorporation or organization	
3 Name of disregarded entity receiving the payment (if applicable, see instructions)		
4 Chapter 3 Status (entity type) (Must check one box only):		
<input type="checkbox"/> Simple trust	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Corporation
<input type="checkbox"/> Central Bank of Issue	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Disregarded entity
		<input type="checkbox"/> Partnership
		<input type="checkbox"/> Estate
		<input type="checkbox"/> Private foundation
		<input type="checkbox"/> International organization
		<input type="checkbox"/> Government
If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes" complete Part III. <input type="checkbox"/> Yes <input type="checkbox"/> No		
5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.)		
<input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner).	<input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII.	<input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.
<input type="checkbox"/> Participating FFI.	<input type="checkbox"/> International organization. Complete Part XIV.	<input type="checkbox"/> Exempt retirement plans. Complete Part XV.
<input type="checkbox"/> Reporting Model 1 FFI.	<input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI.	<input type="checkbox"/> Territory financial institution. Complete Part XVII.
<input type="checkbox"/> Reporting Model 2 FFI.	<input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII.	<input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX.
<input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions.	<input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX.	<input type="checkbox"/> S01(c) organization. Complete Part XXI.
<input type="checkbox"/> Sponsored FFI. Complete Part IV.	<input type="checkbox"/> S01(c) organization. Complete Part XXI.	<input type="checkbox"/> Nonprofit organization. Complete Part XXII.
<input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V.	<input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII.	<input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV.
<input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI.	<input type="checkbox"/> Active NFFE. Complete Part XXV.	<input type="checkbox"/> Passive NFFE. Complete Part XXVI.
<input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII.	<input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII.	<input type="checkbox"/> Direct reporting NFFE.
<input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII.	<input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII.	<input type="checkbox"/> Account that is not a financial account.
<input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX.		
<input type="checkbox"/> Owner-documented FFI. Complete Part X.		
<input type="checkbox"/> Restricted distributor. Complete Part XI.		
6 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address).		
City or town, state or province. Include postal code where appropriate.		Country
7 Mailing address (if different from above)		
City or town, state or province. Include postal code where appropriate.		Country
8 U.S. taxpayer identification number (TIN), if required	9a GIIN	b Foreign TIN
10 Reference number(s) (see instructions)		
Note: Please complete remainder of the form including signing the form in Part XXX.		
For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 59689N Form W-8BEN-E (Rev. 7-2017)		

Part I Lines 8-10

Line 8. If supplier entered a number in this box, enter into SMART. It may or may not match IRS records.
 Line 9a. Does not pertain to SMART.
 Line 9b. If supplier enters a number in this box, do not enter this number into SMART. This is foreign country tax identification number. It does not relate to the United States.
 Line 10. Does not pertain to SMART.
 Lines 11-43 and Part XXIX

Parts II – XXIX

Supplier may or may not complete these sections.

Part XXX Certification

Supplier must sign and date Certification section.

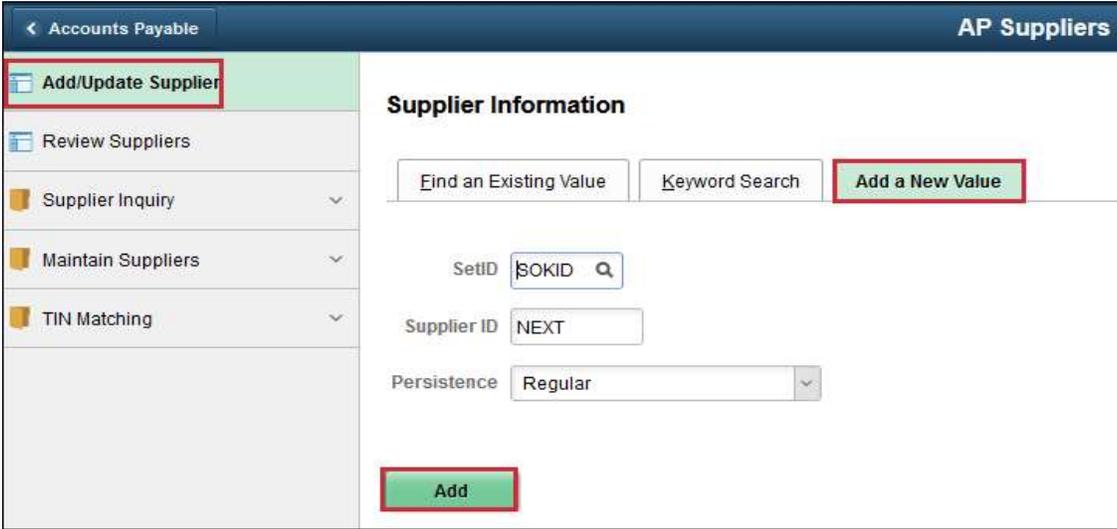
Part XXX Certification		
Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:		
<ul style="list-style-type: none"> The entity identified on line 1 of this form is the beneficial owner of all the income to which this form relates, is using this form to certify its status for chapter 4 purposes, or is a merchant submitting this form for purposes of section 6050W; The entity identified on line 1 of this form is not a U.S. person; The income to which this form relates is: (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income; and For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions. 		
Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.		
I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.		
Sign Here		
	Signature of individual authorized to sign for beneficial owner	Date (MM-DD-YYYY)
<input type="checkbox"/> I certify that I have the capacity to sign for the entity identified on line 1 of this form.		
Form W-8BEN-E (Rev. 7-2017)		

2. Check for Existing Supplier Record

Before entering a new supplier in SMART, verify that the supplier has not been entered previously.

Use the [Check for Existing Supplier Record](#) job aid for further instructions.

Ensuring the supplier does not already exist in SMART prevents duplicate records from being entered. Duplicate records may delay processing of 1042S forms.

<p>3. Navigation</p>	<p>Log in to SMART. From SMART Homepage, navigate to <i>Accounts Payable homepage>Suppliers tile</i></p> 
<p>4. Add a New Value</p>	<p>From Add/Update Supplier>Supplier Information, click on the Add a New Value tab.</p> <p><i>Do not change any of the information on this page.</i></p> <p>Click ADD.</p> 
<p>5. Identifying Information tab</p>	

Identifying Information	Address	Contacts	Location	Custom
SetID	SOKID	*Supplier Name	<input type="text"/>	
Supplier ID	NEXT	Additional Name	<input type="text"/>	
*Supplier Short Name	<input type="text"/>	<input type="checkbox"/> Withholding		
*Classification	Outside Party	<input checked="" type="checkbox"/> Open For Ordering		
HCM Class	<input type="text"/>	<input type="checkbox"/> VAT Registration		
*Persistence	Regular	*Supplier Audit	Default	<input type="text"/>
*Supplier Status	Approved	<input checked="" type="checkbox"/> Supplier Audit	Template ID	SOKTMPL1
		<input type="button" value="Check for Duplicate"/>		

Supplier Name **REQUIRED**

- Enter name exactly as shown on the W-8BEN or W-8BEN-E or Student Registered Name with the regent institution
- Individuals: Format FIRSTNAME MIDDLENAME/INITIAL LAST NAME (i.e., spaces are highlighted below)

*Supplier Name

- Business: Format the company name as shown on the W-8BEN-E
- No punctuation

Additional Name

- Enter exactly as presented
- No punctuation

Supplier Short Name **REQUIRED**

- Maximum of 10 characters, including spaces.
- Individual: Format LASTNAME, FIRST Use a comma to separate. No spaces. **(Example: Susan Smith will be entered as SMITH,SUSA)**
- Individual with suffix: Format LASTNAME, FIRST Use a comma to separate. No spaces. **(Example: John Smith Jr will be entered as SMITH,JOHN)**
- Business: Enter as shown on W-8BEN-E **(Example: Murphys Steakhouse will be entered as MURPHYS ST)**
(Example: John Smith DDS would be entered as JOHN SMITH)

Withholding checkbox

- Check Withholding box.

Classification **REQUIRED**

- Defaults as Outside Party
- Classification must remain as Outside Party unless supplier is used by Payroll (HCM)

Supplier Status **REQUIRED**

- Status defaults to **APPROVED** status.
- Status will change to **UNAPPROVED** when the supplier record is saved.

Additional ID Numbers

This section is for Office of Procurement and Contracts use only.

- Do not enter any information into the ID Numbers area at the bottom of the Identifying Information tab. Any information entered into this section that is **not** for Office of Procurement and Contracts use will be deleted.

Supplier Rating
Supplier Logo
Additional ID Numbers

Customer SetID SOKID Customer ID Our Customer Number
ISO and SEPA Information

ID Numbers

Type	SetID	ID Number	DUNS Number

6. Address tab.

Supplier Address

Use the instructions in each subsection to enter address information.

Identifying Information Address Contacts Location Custom

SetID SOKID Supplier ID NEXT Short Supplier Name Supplier SUSAN ANNETTE SMITH

Supplier Address

Address ID	Description
1	

Description

- Address ID 1 Description will always be MAIN.
- Anything other than MAIN will be corrected by the Supplier Maintenance Team.**
- Address ID 1 will be the students current mailing address. If the foreign address is known, please add an additional Address ID with the additional address using the + button.**

Clean Address verifies foreign addresses to the best of its ability. There is no right or wrong way to enter a foreign address.

Details

Details

Effective Date 01/01/1901 Effective Status Active

Country USA United States

Address 1
Address 2
Address 3

City
County Postal

State
Email ID

Clear
 Override Address Verification

- If the supplier is a business, enter the corporate address in Address ID 1
- This Address ID must remain as ACTIVE at all times.

If supplier provides both street address and PO Box (which is usually a Remit To address), the street address is entered as Address ID 1, and the PO Box is entered as Address ID 2.

Effective Date

- Date defaults to 01/01/1901. Do not change.

Effective Status

- Address ID 1 must always be in ACTIVE status.

Country

- Defaults to USA (United States)
- To change country, click on the magnifying glass. This will populate a Look Up Country box. *****Foreign Address Below*****

Address 1

- Street address or PO Box
- No punctuation

Address 2

- Street address or PO Box
- No punctuation

Address 3

- To be used for Medicaid Provider ID only

Postal (or ZIP)

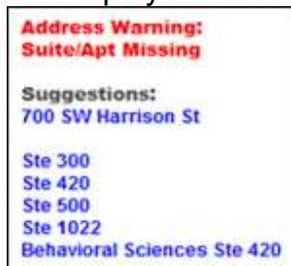
- Enter the ZIP code.
 - Clean Address verifies addresses listed with the United States Postal Service. This process runs in the background.
 - Clean Address will populate the +4.

City/County/State

- When the ZIP code is entered, Clean Address will automatically populate the City, County, and State.

Override Address Verification

- If Clean Address cannot verify the address entered, the message below will display and list suggestions:



- If you know the address entered is correct, check the Override Address Verification box.

***Foreign Address



- If you do not know the 3-letter abbreviation (box labeled Country), enter the country's name in the Description line and click 'Search'



Country	Description
SVN	Slovenia

- When the country populates, click on either the Country 3-letter abbreviation or the Description. SMART will pull in that country's address template.
- The template will be different for each country.
- Enter the foreign address as best you can.
- Do not be surprised to receive error message regarding the validity of the address. If the error message appears, click the Override Address Verification box and move forward with entering the rest of supplier information.



- At the end of Address 1, you will now see a period. This indicates the address has been overridden.

Email ID

- If supplier provides their email (whether it is personal or business/company), enter the information here.

**Payment/
Withholding
Alt
Name**

▼ **Payment/Withholding Alt Names**

Payment Alternate name

Name 1

Name 2

Withholding Alternate name

~~Withholding Name 1~~

~~Withholding Name 2~~

Payment Alternate name

- Leave this section blank. Checks will be issued to the Supplier Name and Additional Name (if entered) on the Identifying Information tab

Withholding Alternate name

- Do not enter any information into this section

**Phone
Information**

Phone Information

1-1 of 1 | View All

*Type	Location	Prefix	Telephone	Extension		
.Payment Location	<input type="text"/>	001	<input type="text"/>	<input type="text"/>	+	-

Type

- This will default as Payment Location. Do not change this information.

Prefix

- This will default as 001. Do not change this information.

Telephone and Extension

- Information may be entered at the agency's discretion

**7. Location
tab**

There are two methods for remitting payments to suppliers:

- Automated Clearing House (ACH)
- System Check

The Department of Administration highly encourages agencies to use ACH direct deposit for remitting payments to suppliers. Direct deposit allows suppliers to receive their payment(s) in a more timely and secure method.

****NOTE: Foreign banks cannot be paid by ACH. If supplier has a foreign bank and wants electronic payment, they must provide wiring instructions to agency. Wiring instructions are to be sent from the agency to the State Treasurer's Office. Do not enter wiring information in SMART.****

If the supplier has provided ACH payment information, do **not** enter a SYSTEM CHECK location. The Supplier Maintenance Team will be responsible for adding the SYSTEM CHECK location later, if needed.

The DA-130 is not listed on the Department of Administration's website nor should it be saved to any public website. Request the current DA-130 form via a Kansas Service Desk ticket. The DA-130 may be saved to a user's desktop or to an agency's shared folder.

Direct Deposit (ACH)

Agency is responsible for providing the DA-130 form to a supplier upon request. The supplier will then provide the following to agency:

- A completed DA-130 form (Rev. 11-2019) Part I, Part II and Part IV.
- A voided check or bank letter as supporting documentation (as instructed in Part II of the DA-130). Deposit slips are **not** accepted.

When the DA-130 is received, agency is responsible to ensure the DA-130 and supporting documentation are valid and complete before entering in SMART.

Location number

Identifying Information | Address | Contacts | **Location** | Custom

SetID SOKID
Supplier ID NEXT Short Supplier Name

A supplier location is a default set of rules which define how you conduct business with a supplier.

Location

*Location 001 Default

Description

Payment location numbers are three (3) digits and listed sequentially:

- 001
- 002

Location numbers that do not follow this rule will be corrected by the Supplier Maintenance Team.

Agencies must wait until the newly entered supplier has been approved by the Supplier Maintenance Team before creating an accounts payable voucher.

Description line

Location

*Location 001 Default

Description ACH ****XXXX

- Enter ACH ****XXXX (enter last four digits of supplier's bank account number)
- ACH locations should be checked as Default payment method.

Effective Date

Effective Date defaults to 01/01/1901. Do not alter this date.

Details

*Effective Date 01/01/1901 Effective Status Active

Expand All Collapse All

Options Payables Procurement Sales/Use Tax 1099

Additional ID Numbers

Click on 1099 link.

Add 1042 information

We are utilizing the 1099 link to also capture 1042 information. There is NOT a separate 1042 link.

Details

*Effective Date: 01/01/1901 Effective Status: Active

Options Payables Procurement Sales/Use Tax **1099**

Expand All Collapse All

Complete both 1099 Information line and 1099 Reporting Information line when supplier is 1042S reportable.

1099 Options

1099 Information

*Entity	*Type	*Jurisdiction	Default Jurisdiction	*Default Class	*1099 Status	Withhold Type Description
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1099 Reporting Information

*Entity	*Address	TIN Type	Taxpayer Identification Number	Gender	Date of Birth	Birth Location	Number of children	Company
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OK Cancel

1042 Information:

If unsure, click the magnifying glass

- **Entity:** IRS (Only one choice)
- **Type:** 1042S
- **Jurisdiction:** FED (Only one choice)
- **Default Jurisdiction:** Check the box for 1 selection only (preferably the “Gross” Code listed below).
- **Default Class:**
 - 01 – NRA Income Code 16 - Gross
 - 02 – NRA Income Code 16 – Federal Withholding
 - 03 – NRA Income Code 16 – State Withholding
 - 04 – NRA Income Code 23 - Gross
 - 05 – NRA Income Code 23 – Federal Withholding
 - 06 – NRA Income Code 23 – State Withholding
- **1099 Status:** RPT. This will default after previous boxes are completed. Do not alter this information.

1099 Reporting Information

If unsure, click the magnifying glass

- **Entity:** IRS (Only one choice)

When you key in IRS, your 1099 Reporting Information line will now look like this:



- **Address:** This defaults to 1. Do not alter this box.
- **TIN Type:**
 - “S” – Social Security number (Individual) or Assigned Regent Number
 - “F” – FEIN (Federal Employer Identification Number) or EIN (Employer Identification Number)
- **Taxpayer Identification Number:** This will be 9 digits. (No dashes/punctuation)

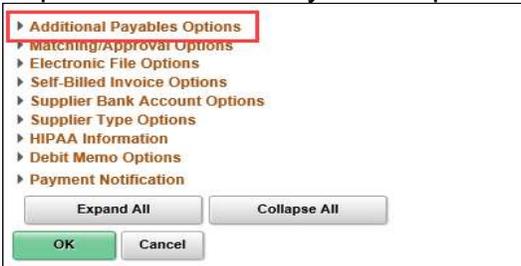
Click OK when finished.

Add Banking Information

Click on Payables link



Expand Additional Payables Options



Additional Payment Information

The section outlined in red must be completed to make an ACH payment. If this area is not completed exactly as shown below, the payment will process as a SYSTEM CHECK regardless of whether banking information has been entered.

Additional Payables Options

Payment Control

Pay Group

*Delay Days

Discount

Net

Hold Payment Complex Routing

Always take discount Separate Payment

Factoring Apply Netting

Bank

*Bank Options

Bank

Account

Currency

Rate Type

Draft Processing Control

*Draft Sight Options

Draft Sight Code

*Draft Rounding

Rounding Position

*Remaining Amount Action

*Payment Method Check

*Draft Optimize

Max Number of Drafts

Additional Payment Information

*Pay Method Options

Payment Method

*Layout Option

Layout

*Handling Options

Handling

Reschedule ID

- In Pay Method Options, select **SPECIFY** from the drop-down list.
- In Payment Method, select **AUTOMATED CLEARING HOUSE** from the drop-down list.

Additional Payment Information

*Pay Method Options

Payment Method

*Layout Option

Layout

*Handling Options

Handling

Reschedule ID

Expand Supplier Bank Account Options

▶ Additional Payables Options
 ▶ Matching/Approval Options
 ▶ Electronic File Options
 ▶ Self-Billed Invoice Options
 ▶ **Supplier Bank Account Options**
 ▶ Supplier Type Options
 ▶ HIPAA Information
 ▶ Debit Memo Options
 ▶ Payment Notification

Enter information directly from the supporting documentation (voided check or bank letter). Do not key from the DA-130.

Supplier Bank Account Options

Supplier Bank Accounts

1 of 1 | View All

Default

Description: BANK ACCOUNTXXXX

Country: USA | United States

Bank Name: []

Branch Name: []

Bank ID Qualifier: []

Bank ID: []

Branch ID: []

Bank Account Number: []

DFI Qualifier: []

IBAN: []

Account Type: []

DFI ID: []

Search

- **Description:** BANK ACCOUNT (enter last 4 digits of bank account number)
- **Bank Name:** As presented on bank letter or voided check
- **Bank ID Qualifier:** 001 (mandatory – will reflect United States Bank)
- **Account Type:** Check Acct (Checking account)
Time Dep (aka Savings)
- **Bank Account Number:** Enter as presented on supporting documentation. **Include leading zeroes – these are considered place holders for receiving bank.**
- **DFI Qualifier:** 01 (mandatory – will reflect as Transit Number)

When all data elements have been entered correctly, click OK.

Click Yes on this message screen.

Description: BANK ACCOUNT3700

Search

The Bank Account and/or Bank Id information was modified. (7025,246)

Validation for payments currently created or in processing for the modified Bank will be executed. Validation could take a significant amount of time depending on the volume of vouchers. Do you want to continue?

United States Bank

Bank ID: 101100029

User will be directed back to the Location tab.

System Check

If the supplier opts to receive payments by paper check instead of by direct deposit, the agency will need to add the SYSTEM CHECK location.

Location number and description

The process for adding a SYSTEM CHECK location is the same as adding an ACH location. The differences between the two locations are SYSTEM CHECK is entered in the description line and no banking information is entered.

Identifying Information | Address | Contacts | **Location** | Custom

SetID: SOKID
Supplier ID: NEXT
Short Supplier Name: Supplier

A supplier location is a default set of rules which define how you conduct business with a supplier.

Location

*Location: 001

Description: SYSTEM CHECK

Default | RTV Fees | Attachments (0)

Details

*Effective Date: 01/01/1901 | Effective Status: Active

Expand All | Collapse All

Options | Payables | Procurement | Sales/Use Tax | 1099

- Location: 001
- Description: SYSTEM CHECK

Entering anything different for a location number will be corrected by the Supplier Maintenance Team.

Agencies must wait until the newly entered supplier has been approved by the Supplier Maintenance Team before entering an accounts payable voucher.

Add 1042S Information

Click on the 1099 link.

The screenshot displays a web-based interface for managing a location record. At the top, the 'Location' tab is active, showing fields for '*Location' (001) and 'Description' (ACH ****XXXX). Below this, the 'Details' section shows the 'Effective Date' as 01/01/1901 and 'Effective Status' as Active. At the bottom of the interface, there is a navigation bar with several tabs: 'Options', 'Payables', 'Procurement', 'Sales/Use Tax', and '1099'. The '1099' tab is highlighted with a red box, and a mouse cursor is pointing at it.

Complete the 1042S information as listed above on ACH location.

8. Attaching Documents

Agencies should not rely on SMART as the method for meeting record retention policies.

[Informational Circular 16-A-007](#) covers attachments in SMART.

Supplier documents must be attached before exiting the supplier record.

These documents are:

- W-8BEN (if foreign entity)
- DA-130 - Completed by supplier and confirmed by agency
- Bank account supporting documentation - copy of voided check or bank letter

Documents can be attached on either:

- Location tab (preferable)
- Identifying Information tab

Attachment requirements:

- Documents 1MB or greater **cannot** be uploaded to SMART supplier record. Rescan/resize document to be under this limit.
- EXCEL, WORD, PDF, or similar files, are appropriate.
- Agencies should not attach CAD (Computer Aided Design) files or picture files (examples- .jpg, .tif, .png, or .gif).
- Multiple attachments are allowed. Be sure each is under the 1MB limit.
- **Avoid attaching documents that do not add value to the transaction.**
- **System retention for attachment files is expected to be 3 years. This period may be reduced if storage space becomes an issue.**

Save document in a folder on desktop or shared agency folder for retrieval when attaching document(s) to supplier record. The specific location is determined by the agency. Follow your agency's document naming protocol.

Click on Attachments link.

Identifying Information | Address | Contacts | **Location** | Custom

SetID SOKID
Supplier ID NEXT Short Supplier Name Supplier

A supplier location is a default set of rules which define how you conduct business with a supplier.

Location 1 of 1 | View All

*Location 001 Default RTV Fees **Attachments (0)** + -

Description ACH ****XXXX

Click on Add Attachment.

Supplier Location Attachment

SetID SOKID
Supplier ID NEXT
Supplier Location 001

Details

File Name	Description	User	Name	Date/Time Stamp
View				

Adding large attachments can take some time to upload, therefore, it is advisable to save the transaction before adding large attachments.

Add Attachment OK Cancel

Click on Browse to locate attachment.

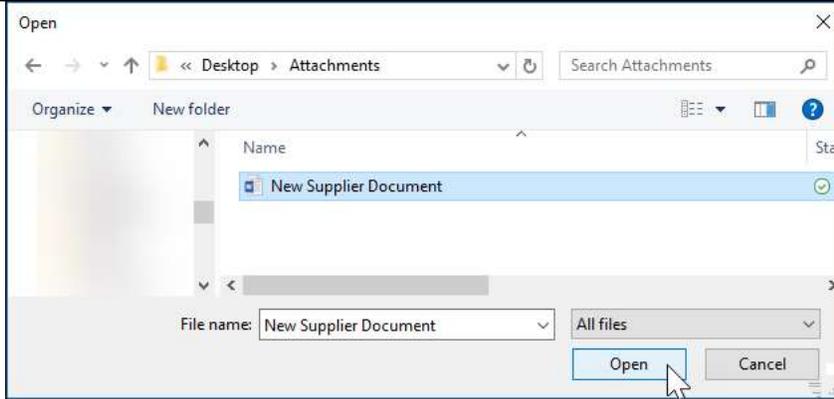
File Attachment

Help

Browse...

Upload Cancel

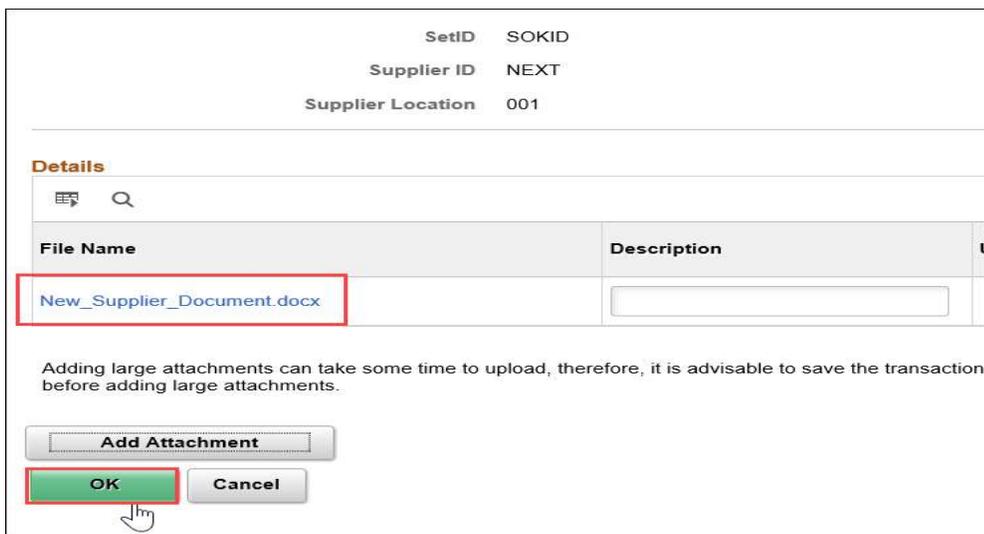
When document has been located, click on it so it shows in File Name box.
Click Open



Review to make sure the correct attachment will be uploaded. Click Upload.



Attachment will upload. Click OK.



User will be directed back to the Location tab. Review to make sure the attachment is there.

After exiting saved record, agencies will only see the number of documents attached. Agencies do not have the access to view any of the attachments.

Identifying Information | Address | Contacts | **Location** | Custom

SetID SOKID
Supplier ID NEXT Short Supplier Name Supplier

A supplier location is a default set of rules which define how you conduct business with a supplier.

Location 1 of 1 | View All

*Location 001 Default RTV Fees Attachments (1) + -

Description SYSTEM CHECK

9. Custom Tab

Select the Custom Tab

Identifying Information | Address | Contacts | Location | **Custom**

SetID SOKID
Supplier ID NEXT Short Supplier Name Supplier

Supplier Field C30 A	<input type="text"/>	Supplier Field C30 F	<input type="text"/>
Supplier Field C30 B	<input type="text"/>	Supplier Field C30 G	<input type="text"/>
Supplier Field C30 C	<input type="text"/>	Supplier Field C30 H	<input type="text"/>
"Y" If Direct Connect Vendor	<input type="checkbox"/>	Supplier Field C30 I	<input type="text"/>
Supplier Field C30 E	<input type="text"/>	Supplier Field C30 J	<input type="text"/>

Save Notify Add Update/Display In

Identifying Information | Address | Contacts | Location | Custom

In Supplier Field B enter the 2-digit Chapter 3 tax rate if applicable
 In Supplier Field C enter the 2-digit Chapter 3 exempt code if applicable
 In Supplier Field E enter the 2-character Country of Residence for Supplier
 In Supplier Field F enter Supplier Date of Birth in YYYY/MM/DD format

10. Review and Save

Carefully review the supplier record before saving to confirm information has been entered accurately.

Once user has SAVED and EXITS (or Returns to Search), user is locked out and will not be able to edit the supplier record.

If no further changes are needed (no typos, documents are attached, etc.), click SAVE at the bottom of the Location tab.

Identifying Information | Address | Contacts | **Location** | Custom

SetID SOKD
Supplier ID NEXT Short Supplier Name Supplier

A supplier location is a default set of rules which define how you conduct business with a supplier.

Location Default RTV Fees Attachments (0) + -

Description

Details Effective Status Active + -

Options Payables Procurement Sales/Use Tax 1099

Expand All Collapse All

Save Notify Add Update/Display Include History Correct History

Identifying Information | Address | Contacts | Location | Custom

SMART automatically assigns the record a unique Supplier ID. All Supplier IDs are sequential.

11. Duplicate TIN warning

In the event a duplicate TIN has been detected in SMART, the user will receive this warning message when saving the new record:



The message will provide the supplier ID(s) containing duplicate information. Click on **Cancel** to prevent adding a duplicate supplier record.



(Clicking on OK will add a duplicate supplier record which will be shut down and directed to the original supplier record).

12. Record status

SMART supplier record is now saved in UNAPPROVED status.

The Supplier Maintenance Team will approve all newly entered suppliers the following day.