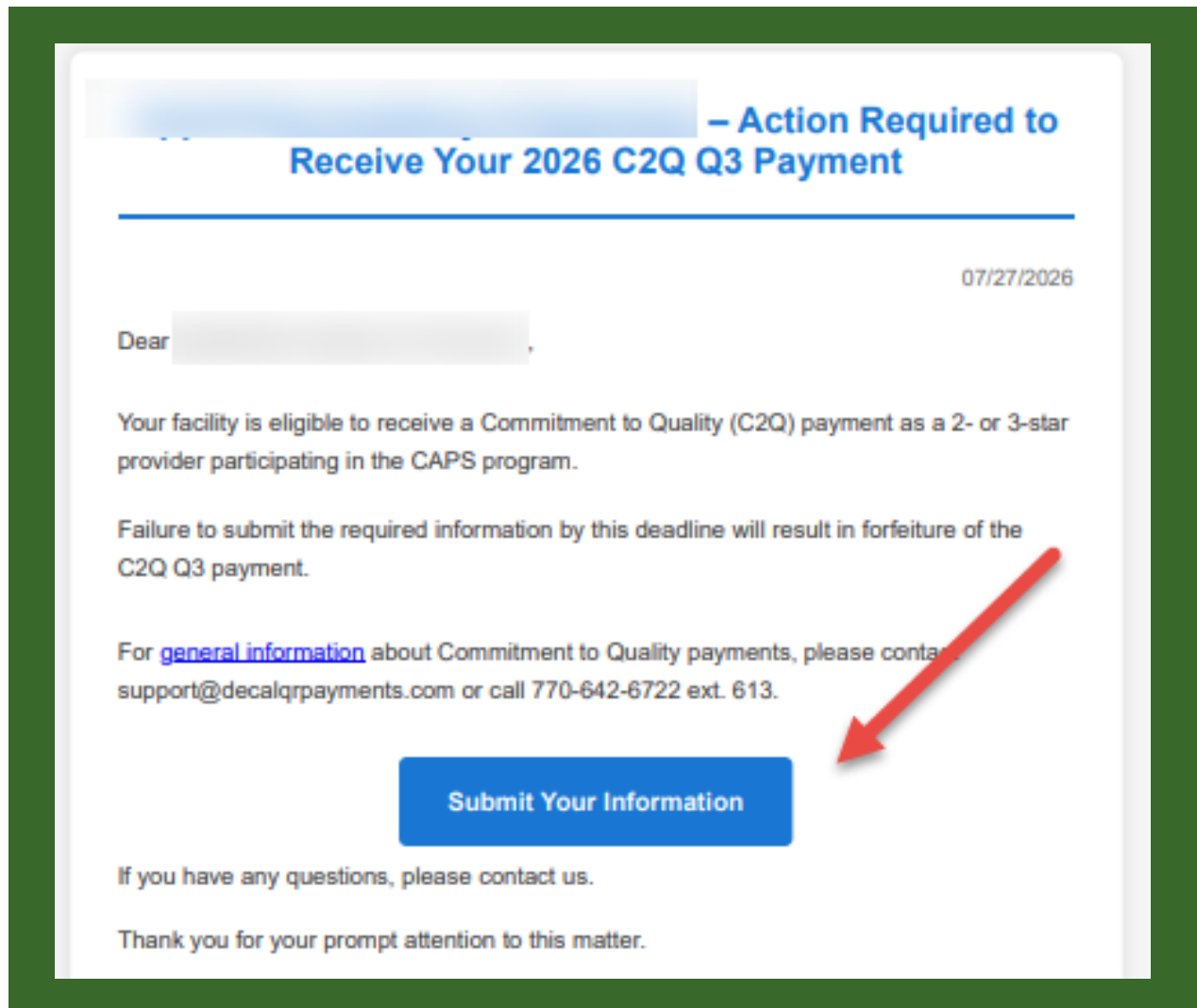


How to submit your program's information for the Commitment 2 Quality (C2Q) payments

This document will guide you through submitting your information for your Commitment 2 Quality (C2Q) payments. To expedite the payment process, follow the instructions below.

- 1 If your program is eligible for the C2Q payment, you will receive an email to submit your program's information. Click on the button "Submit your Information" at the bottom of the email. It is best to use a computer (not a mobile phone), if possible.



- 2
 - a. Select either Social Security Number (SSN) or Employer Identification Number (EIN).
 - b. Enter in the facility owner's Tax Identification Number (TIN).
 - c. Click "Validate and Continue."

W-9 Form Submission

1
TIN
Verification

2
Authorization

3
W-9
Information

4
Review &
Sign

5
Download W-
9

6
Payment
Method

7
Affirmation

Tax Identification Number Verification

Please enter your Tax Identification Number (TIN) to verify your identity. This will check if a W-9 is already on file for your organization.

Verifying TIN for:

Facility:

Owner:

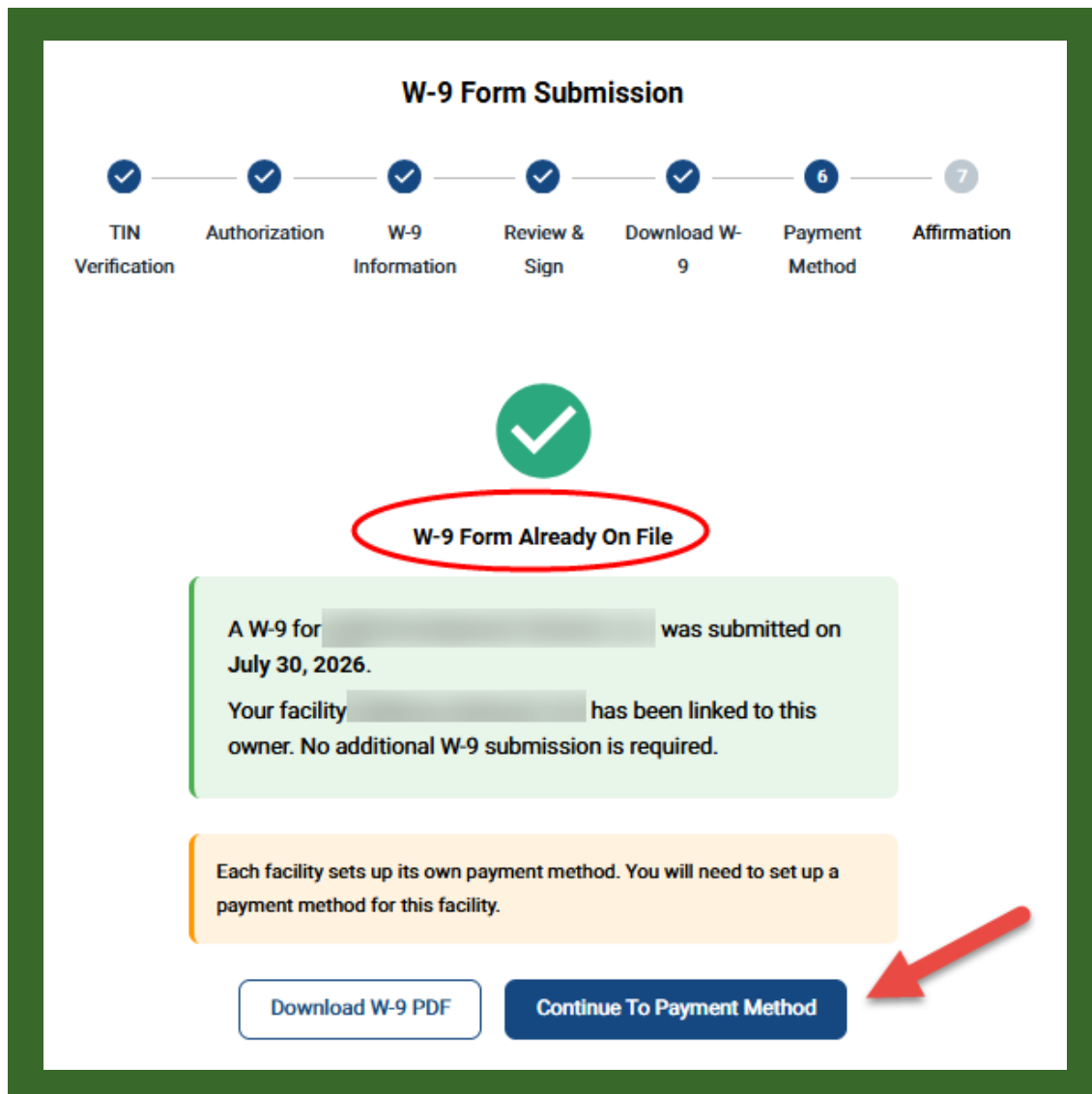
☐ Social Security Number (SSN)
 ☐ Employer Identification Number (EIN)

Please note: Validation usually takes 2–3 minutes, but may take up to 1 hour. You may close your browser and return later. An email will be sent once validation is complete.

3a

If a W-9 for the facility owner has already been submitted (by a previous facility sharing the same EIN), you will be shown this message “W-9 Form Already On File.” You will not be required to fill out another digital W-9 form.

Click on “Continue to Payment Method” and **advance to Step 7.**



W-9 Form Submission

Progress bar: TIN Verification (✓), Authorization (✓), W-9 Information (✓), Review & Sign (✓), Download W-9 (✓), **Payment Method (6)**, Affirmation (7)

W-9 Form Already On File

A W-9 for [redacted] was submitted on July 30, 2026.
Your facility [redacted] has been linked to this owner. No additional W-9 submission is required.

Each facility sets up its own payment method. You will need to set up a payment method for this facility.

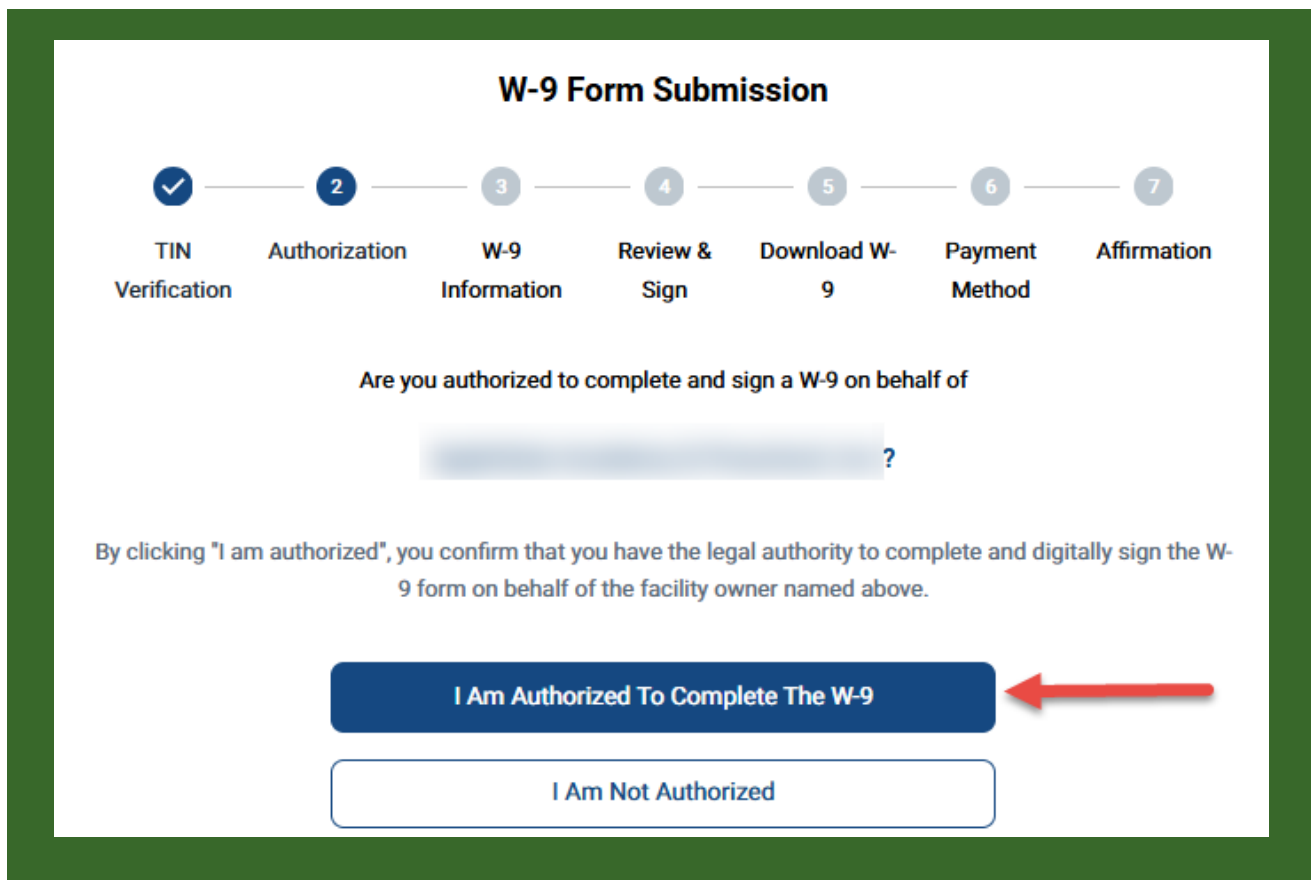
[Download W-9 PDF](#) [Continue To Payment Method](#)

3b

If a digital W-9 form has not been submitted during the current calendar year, will you be requested to complete a new digital W-9 form.

If you are authorized to complete a digital W-9 form on behalf of the facility owner, click “I Am Authorized to Complete the W-9.”

If you are NOT authorized to complete a digital W-9 form, close out of the browser. Go back to the invitation email in your Inbox (Step 1) and forward the email to the authorized person.



W-9 Form Submission

Progress bar: 1 (checked) — 2 — 3 — 4 — 5 — 6 — 7

Steps: TIN Verification — Authorization — W-9 Information — Review & Sign — Download W-9 — Payment Method — Affirmation

Are you authorized to complete and sign a W-9 on behalf of

[Redacted Name] ?

By clicking "I am authorized", you confirm that you have the legal authority to complete and digitally sign the W-9 form on behalf of the facility owner named above.

I Am Authorized To Complete The W-9 (indicated by a red arrow)

I Am Not Authorized

Please note: Your name and signature will be recorded as the individual who filled out the W-9 form.

4 Fill out the digital W-9 form. The circled fields are required. Click “Continue to Review.”

W-9 Form Submission

1 2 3 4 5 6 7
TIN Authorization W-9 Review & Download W- Payment Affirmation
Verification Information Sign 9 Method

W-9 Form Information
Please complete all required fields marked with an asterisk (*).
[View blank official IRS Form W-9 for instructions](#)

Line 1: Name (as shown on your income tax return)
Name *
This field cannot be changed

Line 2: Business name/disregarded entity name (if different from above)
Business Name
Enter your business name if different from Line 1

Line 3: Federal tax classification *
Federal Tax Classification

Line 4: Exemptions (codes apply only to certain entities)
Exempt payee code (if any) Exemption from FATCA (if any)

Lines 5-6: Address
Street Address *
Apt/Suite #
City * State * ZIP Code *

Part I: Taxpayer Identification Number (TIN) *
Your TIN is pre-filled from your records.
☐ Social Security Number (SSN) ☒ Employer Identification Number (EIN)
Employer ID Number *
This field is pre-filled from your records

[Back](#) [Continue To Review](#)

Please note: Please ensure you have selected the correct tax classification, since it will determine if a 1099 is issued at the end of the year. If a 1099 is issued, it will be mailed to the address indicated.

5

W-9 Form Submission

Review Your Information
Please review your W-9 information carefully before signing and submitting.
[View blank official IRS Form W-9 for instructions](#)

Name

Federal Tax Classification

Address

TIN Type TIN

Employer ID Number ***-**-****

Part II: Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); 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 Internal Revenue Service (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 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.

☐ I certify the above statements are true and correct

Digital Signature
Draw your signature below *

Clear Signature

Type your full legal name *

This serves as your electronic signature confirmation

Your email address *

We will use this to identify who submitted the form

Your phone number

Used for finance contact records

Your position / title

Used for finance contact records

Signature Date

Timestamp

[Back To Edit](#)

Submit W-9

If a field needs to be corrected, click "Back to Edit."

Review your information. Your tax classification will determine if a 1099 will be issued at the end of the year to the address indicated.

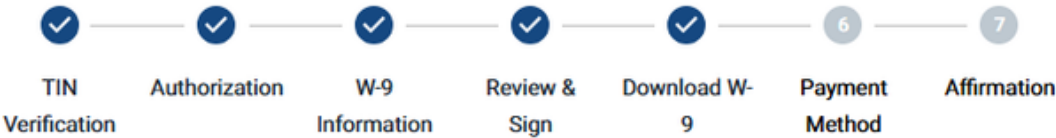
If all fields are correct, click on "I certify the above statements are true and correct."

Manually sign your name in the signature box, type in your full legal name, email address, phone number, and title.

Please note: After you "Submit W-9" there will be a short wait time before the next page loads. Please wait while the database creates the digital W-9.

- 6 The completed digital W-9 will be emailed to the email address provided. The W-9 can also be viewed by clicking on “Download W-9 PDF.” Click “Continue to Payment Method.”

W-9 Form Submission



W-9 Submitted Successfully

Your W-9 form has been submitted and saved.

Your tax information was verified with the IRS.

A copy will be sent to your email for your records.

Next step (required)

To get paid, you need to choose a payment method. This step is required before payments can be sent.

Continue To Payment Method

Download W-9 PDF

7 Select your payment method. You can choose either ACH (direct deposit) or check.

W-9 Form Submission

Set Up Payment Method

Choose how you would like to receive payments for this facility.

Your completed W-9 is on file.

[Download W-9](#)

Set Up ACH (Direct Deposit)

Receive Checks By Mail

8a

Set Up ACH Direct Deposit Close

Please complete the bank account setup below. Your payments will be deposited directly into your account.

1 Address 2 Payment Method 3 Done Powered by tipalti

Enter Your Information

To ensure that you receive your payments, in time, please enter your details as you shared them with your bank.

Type ☒ Individual ☐ Company

Contact Email

Phone Number

First Name

Middle Name

Last Name

Country

Address

Next

If ACH (direct deposit) is selected for the payment type, the Tipalti ACH Setup will open in a pop-up window.

If you have a corporate bank account, select “Company” at the top of the first page.

Use the scroll bar in the window to scroll to the bottom to see the Next button.

Set Up ACH Direct Deposit Close

Please complete the bank account setup below. Your payments will be deposited directly into your account.

1 Address 2 Payment Method 3 Done Powered by tipalti

Payment Method:

Name on Account

Bank Name

Routing Code

Account Number

Account Type ☐ Checking ☐ Savings

No transaction fees.

☐ I agree to Tipalti's Terms of Service and Tipalti's Privacy Policy.

Back **Next**

Fill in the bank account information accurately to ensure payments are processed correctly.

The window will automatically close after pressing “Next” on the 2nd page.

8b

If Check is selected for the payment type, select the address where the C2Q check should be mailed. Click "Confirm."

Check Mailing Address

Choose where your check payments should be mailed.

Where should checks be mailed?

☐ Facility mailing address

☒ W-9 address

☐ Custom address

Confirm

Go Back

Please note: If your address is the same for Facility mailing address and W-9 address, select W-9 address.

9 Read the Certification and Authorization Statement.

W-9 Form Submission



CERTIFICATION AND AUTHORIZATION

Facility:

I certify that all of the information on my application and supporting documents for this Georgia Department of Early Care and Learning (DECAL) payment program is true, correct and complete to the best of my knowledge. I understand that any false or misleading information knowingly provided on the application or supporting documents may be grounds for me to be denied participation in the DECAL Commitment to Quality Program and may prevent me from receiving any future programs sponsored by the DECAL Commitment to Quality Program. I understand that intentionally providing false or misleading information on the application or supporting documents is a violation of state law and may result in civil or criminal penalties.

Without limiting the generality of the foregoing, I certify and affirm that the taxpayer identification number on my application is my Social Security number or other taxpayer identification number lawfully issued to me by the Social Security Administration or the Internal Revenue Service (IRS).

I authorize any agent or employee of DECAL to verify the information I have provided on my application and supporting documents. I acknowledge, understand and agree that DECAL and its agents and employees may share personal information from my application and supporting documents with (i) Care Solutions, Inc., DECAL's agent administering the DECAL Commitment to Quality Program payments, (ii) the U.S. Citizenship and Immigration Services and the Social Security Administration in connection with DECAL's systems for citizenship and employment-related verifications, and (iii) the payment processor engaged to distribute funds should I receive an award from DECAL.

I understand, acknowledge and agree that, if approved and awarded funds, (i) I may be issued IRS Form 1099 to report awarded funds as income if such awarded funds are deemed taxable (combined with any taxable funds) in any tax year are at least \$600, (ii) regardless of the amount of any awarded funds and regardless of whether I am issued Form 1099, I must comply with applicable law in reporting income on my tax returns, and (iii) neither the DECAL, nor any of its agents or employees, have provided me any tax or legal advice in connection with my application to the DECAL Commitment to Quality Program or any awarded funds.

10

- Manually sign your name in the signature box.
- Type in your full legal name, position/title, and email address.
- Check the box to the left of the statement.
- Click "I Agree and Sign."

Draw your signature below

Clear Signature

Your full legal name *

Your position / title *

This serves as your electronic signature confirmation

Your role at the facility

Your email address *

We will use this to identify who signed the affirmation

☐

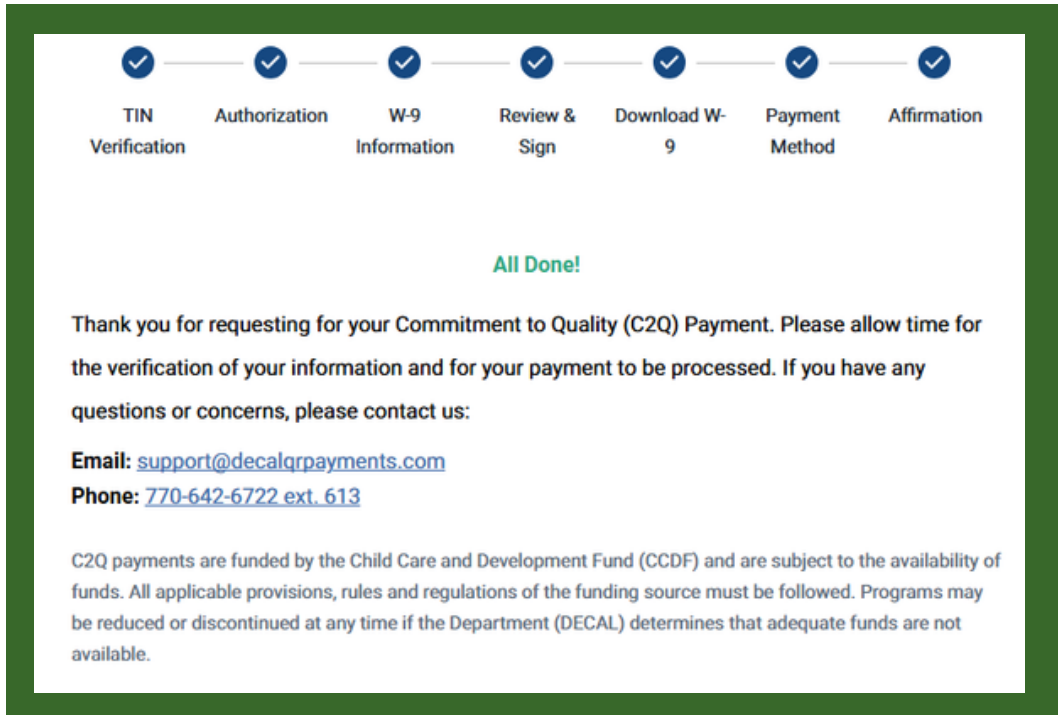
I certify that the information provided above is true and correct, and I am authorized to sign this statement of affirmation on behalf of the facility.

I Agree And Sign

Please note: After "I Agree and Sign" there will be a short wait time before the completion page loads. Please wait while the database saves your submission.

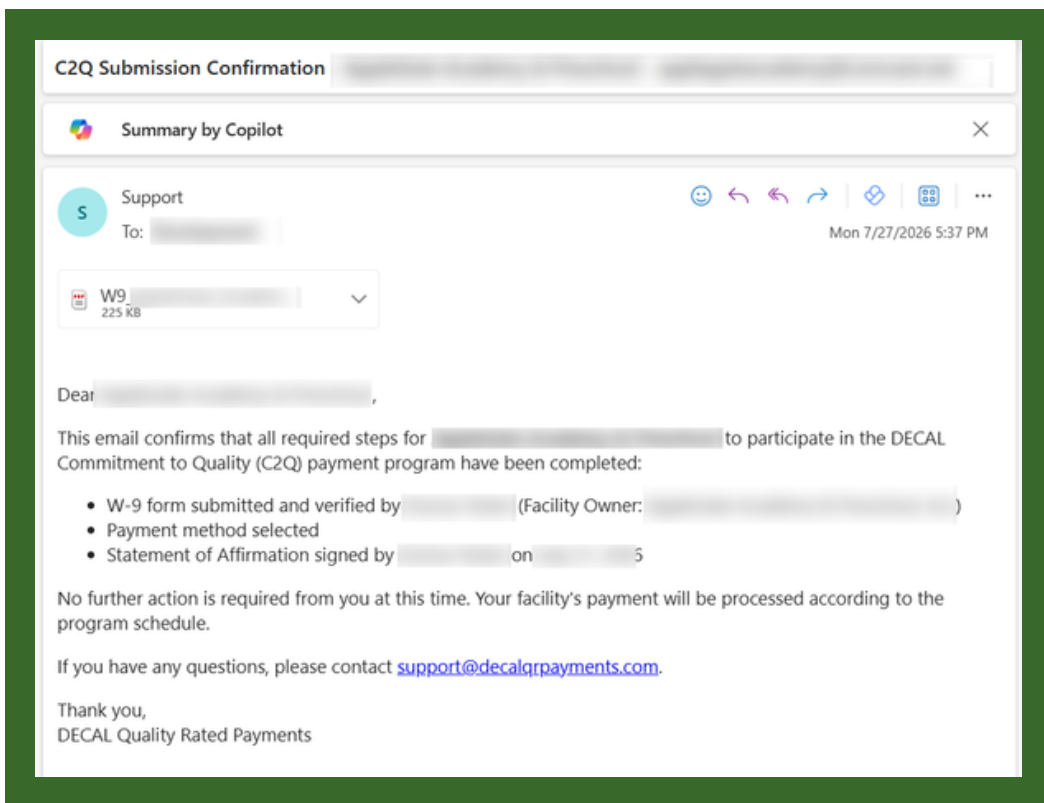
11a

Once your information is successfully submitted, you will be brought to a landing page and you will see the green message “All Done!” You may now close out of your browser.



11b

Your facility will also receive a Submission Confirmation email, detailing who submitted and signed the W-9 and Affirmation Statement.



12

C2Q payments will be issued in batches over two months. Payment timing will depend on the completion of your submission, processing schedules, receipt of funds from DECAL, and your selected payment method.

Once payment is made, your facility will receive a Payment Released email.

