OO NOT SEND TO IRS - SUBMIT FORM TO REQUESTING AGENCY

FCD 04/2016

NEW MEXICO DEPARTMENT OF FINANCE & ADMINISTRATION FINANCIAL CONTROL DIVISION **SUBSTITUTE FORM W-9**



REQUEST FOR TAXPAYER INDENTIFICATION NUMBER, CERTIFICATION

,	EASE REFER TO INSTRUCTIONS FOR MORE INFORMA	TION
PART I: VENDOR INFORMATION		
 Legal Business Name: (As it appears on the IRS EIN records, CP575, 147C - or - Social Security Administration records, Social Security Card, certified Form SSA7028) 	2 . If you use a DBA/Trade Name, please list below:	
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3. Entity Type (Check only one, unless you are or have been a State of New Mexico Employee, then also check State of New Mexico Employee box):		
 Individual / Sole Proprietorship Single Member / LLC (Individual) Partnership General / LLC Corporation / Professional Corporation / LLC Non-United States Business Entity 	Estate or Trust Government (Local, State, Federal) Indian Tribe Tax-Exempt organization under IRC Section 501 C State of New Mexico Employee (Enter BU)	
4. 1099 Reporting: Services provided to the State by vendor, if not applicable skip:		
Health care or medical service Horse hire / NM Employee Agency Volunteer (specify agency) Legal or attorney services Urban search & rescue member State of NM Appointed Board member / Rental of Real Property Royalties commissioner / committee member		
PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE		
Enter your TIN here (DO NOT USE DASHES) Taxpayer Identification Type (check appropriate box): Employer ID No. (EIN) Social Security No. (SSN)	Employee ID N/A (Non-Uni	ited States Business Entity)
PART III: ADDRESS		
 Address: (if a state employee, enter Agency name and Field Office Address) Address Line #1 	Address Line #1	
Address Line #2	Address Line #2	
Address Line #3	Address Line #3	
City State Zip + 4 Code	City	State Zip + 4 Code
PART IV: CERTIFICATION		
Under penalties of perjury, I certify that: 1. The number shown on this form is my correct tax payer 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 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. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding		
Printed Name	Printed Title	Telephone Number
Signature	Email	Date (mm/dd/yyyy)
PART V: OPTIONAL DIRECT DEPOSIT (ACH)		
Warning: The State of New Mexico will not process International ACH Transactions (IAT). If any payment to you from the State will ever result in an IAT under National Automated Clearing House Association (NACHA) operating rules or if you are not sure if the rules apply to you DO NOT FILL OUT THIS SECTION OF THE FORM. Please provide a copy of a voided check or letter from bank confirming informa <u>tion indicated above</u> .		
Include a voided check or letter from financial institution if requesting ACH pa		
I acknowledge the IAT warning and authorize the State of New Mexico to initiate direct deposit of funds to the account and financial institution indicated, and to recover funds deposited in error if necessary in compliance with NACHA regulations.		
Signature Printed Name		
PART VI: OFFICE USE ONLY		
OFFICIAL / POC USE ONLY BUSINESS UNIT DATE (mm/dd/yyyy) PHONE NO.	DFA / FCD USE ONLY	
POC (Print name) POC Initials		

Instructions for Completing this Form

This form substitutes for the IRS W-9 form. Complete this form if you will receive payment from the State of New Mexico and/or you are a vendor who provides goods and services to the State of New Mexico. To comply with the Internal Revenue Service (IRS) regulations regarding 1099 reporting, the State of New Mexico is required to collect the following information to be completed on the Substitute W-9 form. The information collected on this form will allow the State to confirm that our records contain the official name of your business, the Tax Identification Number (TIN) that the IRS has on file for your business and business type.

Check the appropriate box(s) that this form is to be utilized and fill in the corresponding section(s) indicated next to the box(s) checked.

PART I: VENDOR INFORMATION

- 1. Legal Business Name Enter the legal name as registered with the IRS or Social Security Administration.
- 2. DBA/Trade Name Individuals leave blank. Sole Proprietorships: Enter DBA (doing business as) name. All Others: Complete only if business name is different than Legal Name.
- 3. Entity Type Check ONE box which describes business entity. If a current, past, or becoming a state employee, please also mark the State of New Mexico Employee box and enter the Business Unit number for the agency. Also, provide the 6 digit employee ID as assigned in SHARE HCM in the Part II Taxpayer Identification Number (TIN) & Taxpayer Identification Type section and mark the Employee ID box.
- **4. 1099 Reporting** Check the appropriate box that applies to the type of services being provided to the State. If the type of service is not specifically stated, then leave blank.

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

- 1. Taxpayer Identification Number Enter TIN with no dashes in the boxes provided
 - a. **TIN** is always a 9-digit number. Provide the Social Security Number (SSN) assigned by the Social Security Administration (SSA) or the Federal Employer Identification Number (FEIN) assigned to the business or other entity by the Internal Revenue Service (IRS).
 - b. **Employee ID** is always a 6-digit number. Provide the employee ID assigned by the State of New Mexico for payroll processing in SHARE HCM.
- 2. TIN Identification Type Mark the appropriate box for the TIN provided above.

PART III: ADDRESS

- 1. Address Where correspondence, payment(s), purchase order(s) or 1099s should be sent.
 - a. **Employees** If a current employee, please provide this following:
 - i. Address Line #1: State Agency Name
 - ii. Address Line #2: Field Office Mailing Address
 - iii. Address Line #3: N/A
 - b. CDBG When providing a Community Development Block Grant (CDBG) remittance address, provide bank name in address line #1 and physical address in address line #2
- 2. Remittance Address If different than Address
- **3. Zip Code and Phone Number** The 5 + 4 code will be required to be entered for all zip codes. If the last 4 digits are unknown, then 4 zeros (0) can be entered. Do not enter the "-" as part of the zip code. When entering the phone number, only enter the 10 digit number. Do not enter the "()" or "-" as part of the phone number.

PART IV: CERTIFICATION

By signing this document you are certifying that all information provided is accurate and complete. The person signing this document should be the partner in the partnership, an officer of the corporation, the individual or sole proprietor noted under legal name above, or the New Mexico State Employee for which the vendor account is established.

Identifying information is required of the person signing the form.

PART V: OPTIONAL DIRECT DEPOSIT (ACH) You may elect to receive payments from the State of New Mexico through Automated Clearing House (ACH) direct deposit. Please provide a copy of a voided check or letter from financial institution with the banking information. Without one of the two items, ACH information WILL NOT be entered and payments will be made by warrant. Select the type of account being provided.

I Acknowledge Print name and sign to acknowledge the IAT warning and to authorize the State of New Mexico to initiate direct deposit of funds to your financial institution provided.

Privacy Act Notice Section 6109 requires you to furnish your correct TIN to persons who must file information