

DO NOT SEND TO  
IRS - SUBMIT  
FORM TO  
REQUESTING  
AGENCY  
  
FCD 04/2021

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



REQUEST FOR TAXPAYER IDENTIFICATION NUMBER, CERTIFICATION

TYPE OR PRINT NEATLY, PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION

PART I: SUPPLIER INFORMATION

1. Name: (as shown on your income tax return). Name is required; do not leave blank. 2. Business name/disregarded entity name, if different from #1:

**FIRST & LAST NAME**

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  
 Partnership  
 C Corporation / S Corporation  
 Trust / Estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership > \_\_\_\_\_)  
 Government (Local, State, Federal, Tribe)  
 Tax-Exempt organization under IRC Section 501 C  
 State of New Mexico Employee (Agency No.) \_\_\_\_\_

4. 1099 Reporting: Services provided to the State by vendor:  
 Health care or medical service  
 Attorney services  
 Rental of Real Property  
 Royalties  
 State of NM Appointed Board member / commissioner / committee member  
 Agency Volunteer (Agency No.)  
 DUAL Supplier & Active NM Employee  
 Other **BENEFITS REFUND**

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

1. Enter your TIN here (DO NOT USE DASHES) 9 9 9 9 9 9 9 9 9  
2. Taxpayer Identification Type (check appropriate box):  
 Employer ID No. (EIN)  Social Security No. (SSN)  Employee ID  N/A (Non-United States Business Entity)

PART III: ADDRESS

1. Address: (Location where payments and correspondances can be sent) (if a NM state employee, enter Agency name and Field Office Address)  
Address Line #1 **PERSONAL HOME ADDRESS**  
Address Line #2  
Address Line #3  
City **Lincoln** State **NM** Zip - 9 Digit **Zip Code**  
2. REMITTANCE, IF DIFFERENT: (location specifically used for payment that is different than address 1, if applicable)  
Address Line #1  
Address Line #2  
Address Line #3  
City State Zip - 9 Digit

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 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.  
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 **FIRST & LAST NAME** \* Occupation **BLANK - No Work related info** \* Home # only Telephone Number **(505) 999-9999**  
\* Signature \* Email for receiving ACH advices **PERSONAL E-MAIL - No Work Email** \* Date (mm/dd/yyyy) **Today's Date**

PART V: OPTIONAL DIRECT DEPOSIT (ACH) **Leave Blank**

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 information indicated above.

Include a voided check or letter from financial institution if requesting ACH payments Type of Account  Checking  Savings  
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 **Leave Blank** Printed Name **LEAVE BLANK**