

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:	
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		Government (Local, State, Federal, Tribe)	
Partnership		Tax-Exempt organization under IRC Section 501 C	
C Corporation / S Corporation		State of New Mexico Employee (Agency No.)	
Trust / Estate			
Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership > _____)			
4. 1099 Reporting: Services provided to the State by vendor:			
Health care or medical service	Royalties	Agency Volunteer (Agency No.)	
Attorney services	State of NM Appointed Board member /	DUAL Supplier & Active NM Employee	
Rental of Real Property	commissioner / committee member	Other	

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

1. Enter your TIN here (DO NOT USE DASHES)			
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		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 #2			
Address Line #3		Address Line #3			
City	State	Zip - 9 Digit	City	State	Zip - 9 Digit

PART IV: CERTIFICATION

Under penalties of perjury, I certify that:

- 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**
- 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**
- 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	Occupation	Telephone Number
Signature	Email for receiving ACH advices	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 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	Printed Name			

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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

☐ Government (Local, State, Federal, Tribe)

☐ Tax-Exempt organization under IRC Section 501 C

☐ State of New Mexico Employee (Agency No.)

☐ Partnership

☐ C Corporation / S Corporation

☐ Trust / Estate

☐ Limited liability company. Enter the tax classification (C=Corporation, S=S corporation, P=Partnership, etc.)

4. 1099 Reporting: Services provided to the State by vendor:

☐ Health care or medical services

☐ Royalties

☐ Agency Volunteer (Agency No.)

☐ Attorney services

☐ State of New Mexico Appointed Board member /

☐ DUAL Supplier & Active NM Employee

☐ Rental of Real Property

☐ Commissioner / committee member

☒ Other

☒ BENEFITS REFUND

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

1. Enter your TIN here (DO NOT USE DASHES)

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

State

Zip - 9 Digit

City

State

Zip - 9 Digit

CITY Live in

NM

Zip Code

PART IV: CERTIFICATION

Under penalties of perjury, I certify that:

- 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
- 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
- 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

Signature

Occupation

BLANK - No Work related info

Email for receiving ACH advices

PERSONAL E-MAIL - No Work Email

Home # only
Telephone Number

(505) 999-9999

Date (mm/dd/yyyy)

Today's Date

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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