O NOT SLIND TO				
IRS - SUBMIT				
FORM TO				
REQUESTING				
AGENCY				

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

## **REQUEST FOR TAXPAYER INDENTIFICATION 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 retu	rn).Name is required; do not leave blank.	2 . Business name/disregare	ded entity name, if different fr	om #1:
3. Entity Type (Check only one, unless you a	re or have been a State of New Mexico Em	ployee, then also check State	of New Mexico Employee box	<):
		Covernment (Local S	tata Endaral Triba)	
Individual / Sole Proprietorship / Singl	e Member LLC	Government (Local, State, Federal, Tribe) Tax-Exempt organization under IRC Section 501 C		
Partnership		State of New Mexico Employee (Agency No.)		
C Corporation / S Corporation Trust / Estate		State of New Mexico	Employee (Agency No.)	
	ax classification (C=C corporation, S=S co	rnoration P=Partnershin >	)	
4. 1099 Reporting: Services provided to the			/	
Health care or medical service	Royalties	Agency Volunteer (Agency No.)		
Attorney services	State of NM Appointed Board mem commissioner / committee membe			
Rental of Real Property	·	outer		
PART II: TAXPAYER IDENTIFICAT	ION NUMBER (TIN) & TAXPAYE	R IDENTIFICATION TY	PE	
1. Enter your TIN here (DO NOT USE DASHES	)			
2. Taxpayer Identification Type (check appro	priate box):			
Employer ID No. (EIN)	Social Security No. (SSN)	Employee ID	N/A (Non-United Sta	ates Business Entity)
PART III: ADDRESS				
1. Address: (Location where payments and c	orrespondances can be sent)	2 REMITTANCE, IE DIFFER	ENT: (location specifically us	ed for
(if a NM state employee, enter Agency name	•	payment that is different than address 1, if applicable)		
Address Line #1		Address Line #1		
Address Line #2		Address Line #2		
Address Line #2		Adduces Line #2		
Address Line #3		Address Line #3		
City	State Zip - 9 Digit	City	State	Zip - 9 Digit
			State	Lip 5 bigit
PART IV: CERTIFICATION				
Under penalties of perjury, I certify that:				
	y correct tax payer identification number	(or I am waiting for a number	to be issued to me), AND	
	ng because: (a) I am exempt from backup			
backup withholding, <b>AND</b>	ing as a result of a failure to report all int	erest or dividends, or (c) the i	RS has notified me that I am	no longer subject to
3. I am a U.S. Citizen or other U.S. perso				
	nternal Revenue Service does not requi ocument other than the certifications re			
Printed Name	scullent other than the certifications for		molang	Telephone Number
rinted Name		Occupation		
Signature		Email for receiving ACH adv	/ices	Date (mm/dd/yyyy)
PART V: OPTIONAL DIRECT DEPC	OSIT (ACH)			
Warning: The State of New Mexico will not p	rocess International ACH Transactions (IA			
Automated Clearing House Association (NAC			NOT FILL OUT THIS SECTION	OF THE FORM. Please
provide a copy of a voided check or letter fro	om bank confirming information indicated	d above.		
Include a voided check or letter from financi	al institution if requesting ACH payments	5 Type of Account	Checking	Savings
	warning and authorize the State of New I			
	idicated, and to recover funds deposited i		ance with NACHA regulations	i.
Signature		Printed Name		

DO NOT SEND TO IRS - SUBMIT	NEW MEXICO DEPART	TMENT OF FINANCE & ADMINISTRATION		
FORM TO	FINANCIAL CONTROL DIVISION			
REQUESTING AGENCY				
	SU	JBSTITUTE FORM W-9		
FCD 04/2021	REQUEST FOR TAXPAYER	INDENTIFICATION NUMBER, CERTIFICATION		
	REQUESTION TAXIATER	HADENTIFICATION NOMBER, CERTIFICATION		
	TYPE OR PRINT NEATLY, PLEASE REF	FER TO INSTRUCTIONS FOR MORE INFORMATION		
PART I: SUPPLIER INF	ORMATION			
	ncome tax return).Name is required; do not leave	ve blank. 2 . Business name/disregarded entity name, if different from #1:		
I anne. (as shown on your i	ncome tax return).Name is required, do not leave	e blank. 2. business name/ disregarded entity name, if different nom #1.		
L EIDO	T & LAST NAME			
	I & LASI NAME			
3. Entity Type (Check only or	ie, unless you are or have been a State of New Me	lexico Employee, then also check State of New Mexico Employee box):		
🗧 🗹 Individual / Sole Propr	ietorship / Single Member LLC	Government (Local, State, Fundral, Tribe)		
Partnership		Tax-Exercic organization under IRC Section 501 C		
C Corporation / S Cor	poration	Statury F New Mexico Energyee (Agency No.)		
Trust / Estate				
Limited liability comp	any. Enter the tax classification (C corpora it	S=5 compration P=Partners ()		
4. 1099 Reporting: Services				
Health care or medica		Agency Volunteer (Agency No.)		
Attorney services	te of M Appointed Boa	pard member / DUAL_Supplier & Active_NM_Employee		
Rental of Real Propert	commissioner / committee	ee member 🛛 🗶 🗹 Other 🛛 🦂 BENEFITS REFUND 🐇		
PART III TAXPAVER I	DENTIFICATION NUMBER (TIN) & TAX	YPAYER IDENTIFICATION TYPE		
1. Enter your TIN here (DO N	JT USE DASHES)			
2. Taxpayer Identification Ty	pe (check appropriate box):			
Employer ID N	o. (EIN) 🛛 🧩 Social Security No. (SSN)	Employee ID N/A (Non-United States Business Entity)		
PART III: ADDRESS				
PART III. ADDRESS				
	payments and correspondances can be sent)	2. REMITTANCE, IF DIFFERENT: (location specifically used for		
(if a NM state employee, ente A <mark>ddress Line #1</mark>	er Agency name and Field Office Address)	payment that is different than address 1, if applicable)		
PERSONAL HOM	ADDDECC	Address Line #1		
	EADDRESS			
Address Line #2		Address Line #2		
Address Line #3		Address Line #3		
City	😽 State 🛛 🕈 Zip - 9 Digit	it City State Zip - 9 Digit		
CITY	Live in NM Zip Cod.			
PART IV: CERTIFICAT		~		
Under penalties of perjury, I		a number (or Lam waiting for a number to be issued to ma) AND		
		n number (or I am waiting for a number to be issued to me), <b>AND</b> m backup withholding, or <b>(b)</b> I have <b>not</b> been notified by the Internal Revenue Service (IR		
		ort all interest or dividends, or (c) the IRS has notified me that I am no longer subject to		
backup withholding,				
3. I am a U.S. Citizen or				
		not require your consent to any provision of this		
	document other than the certific	cations required to avoid backup withholding		
Printed Name		Cccupation Telephone Number		
FIRST & LAST NA	AME	BLANK - No work related info		
<u></u>				
Signature		Email for receiving ACH advices		
		PERSONAL E-MAIL- No work Emil Today's De		
DADT V. ODTIONAL D				
	IRECT DEPOSIT (ACH)			
		actions (IAT). If any payment to you from the State will ever result in an IAT under Nation		
		e not sure if the rules apply to you DO NOT FILL OUT THIS SECTION OF THE FORM. Please		
provide a copy of a voided c	heck or letter from bank confirming information	indicated above.		
Include a voided check or let	ter from financial institution if requesting ACH p	payments Type of Account Checking Savings		
Lackn	wledge the IAT warning and authorize the State	e of New Mexico to initiate direct deposit of funds to the account and		
		eposited in error if necessary in compliance with NACHA regulations.		
	1			
Signature	VKI I	Printed Name		
LOGU.	e Ulank	LEAVE BLANK		