

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



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

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

You will need to enter this number manually.

Organization legal name here
(should match what is on your IRS letter)

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 **3**
 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
 member / member
 Agency Volunteer (Agency No.)
 DUAL Supplier & Active NM Employee
 Other **write "Arts Services" here**

Enter EIN directly into the boxes - NO DASHES

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) AND 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 **Primary address**
Address Line #2 **Apt. or unit**
Address Line #3 **Do NOT enter city, state and zip on this line**
City **City here** State Zip - 9 Digit **Zip code here**
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

Fill out this section ONLY if you want the check to be mailed to a different address.

PART IV: CERTIFICATION

Under penalties of perjury, I certify that:
1. The number and name of this entity are correct,
2. I am not an employee or independent contractor of the Internal Revenue Service (IRS) or the State of New Mexico, and I am not subject to the backup withholding rules that apply to payments made to me that I am no longer subject to
3. I am a resident of the State of New Mexico, AND I am not subject to the backup withholding rules that apply to payments made to me that I am no longer subject to
**There are two options for acceptable signature:
1. A wet ink signature on a printed copy of the complete form (this can then be scanned and emailed or you can mail the hardcopy)
2. A time-stamped official digital signature.**

Printed Name **Typed/written name here**
Signature **Signature here (see note above)**
Occupation **Job title/occupation**
Telephone Number **Phone #**
Email for receiving ACH advices **Email address here**
Date (mm/dd/yyyy) **Signature date**

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) rules, you are not sure if the account is correct. THIS SECTION OF THE FORM. Please provide a copy of a voided check with your payments.
Include a voided check with your payments.
Type of Account: Checking Savings
Signature **Signature here ONLY for Direct Deposit (see note above)**
Printed Name **Typed/written name here**

Fill out this section ONLY if you want to set up Direct Deposit
Include a copy of a voided check.

Choose type of account