Substitute W-9
DFA - FCD 03/14

Do NOT Send to IRS

New Mexico Department of
Finance and Administration
Financial Control Division

DFA Stamp here

CLEAR / RESET FORM

PRINT FORM

Vendor Registration and Update, Taxpayer Identification Number Certification & Direct Deposit Authorization

TYPE OR PRINT NEATLY, CHECK THE APPROPRIATE BOX(S) BELOW. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION

☐ NEW VENDOR REQUEST (Fill section 1,3, 4, 6-12, 14, 15) ☐ ADD Remittance Address (Fill section 1,3, 4, 6, 9-12) ☐ ADD DBA/Trade Name (Fill section 1,3, 4, 6, 7, 10-12) ☐ ADD ACH Direct Deposit (Fill section 1, 3, 4, 6, 8, 9-13, 15)	☐ CHANGE Legal Name (Fill section 1, 3-5, 8 -12) ☐ CHANGE DBA/Trade Name (Fill section 1, 3, 4, 6 -12) ☐ CHANGE Primary Address (Fill section 1, 3, 4, 6, 8, 10-12) ☐ CHANGE Remit Address (Fill section 1, 3, 4, 6, 9 -12)	☐ CHANGE ACH Direct Deposit (Fill section 1, 3, 4, 6, 8 -15) ☐ CHANGE Entity Designation (Fill section 1, 3, 4, 6, 8 -12) ☐ CHANGE TIN# (Fill section 1-15) – NOTE: FCD will assign a NEW Vendor ID# for accounting purposes.
1) Current Taxpayer Identification Number (TIN#) (9-digits) ☐ SSN ☐ FEIN	2) PREVIOUS TIN# ☐ SSN ☐ FEIN Effective Date / /	3) NM CRS ID# Optional (11-digits) __ __ - __ __ __ __ __ __ -00- __

4) Current Legal Name As registered with IRS or SSA	5) NEW Legal Name As registered with IRS or SSA
6) Current DBA/Trade Name Enter doing business as (DBA)	7) NEW-ADD DBA/Trade Name
8) Primary Address Official address where correspondence, payments, purchase orders, or 1099s should be sent ☐ CHANGE	9) Remittance Address Additional address to mail payments ☐ Same as Primary ☐ CDBG ☐ CHANGE SHARE Loc# ___ ___ ___
Address Line #1	Address Line #1
Address Line #2	Address Line #2
City / State / Zip	City / State / Zip

10) ENTITY DESIGNATION (check only one) *Required*

☐ Individual / Sole Proprietorship ☐ Indian Tribe ☐ Estate or Trust
☐ Partnership General / Limited ☐ Corporation / Professional Corporation
☐ Government or Government Operated Entity
☐ Tax Exempt Organization under IRC Section 501 C ____
☐ Limited Liability Company taxed as:
☐ Single Member ☐ Sole Proprietorship
☐ Partnership ☐ Corporation S/C

11) ENTITY ACTIVITY indicate if your entity provides the following: (in space provided put an "A" to add or "D" to delete, if none, leave blank)

____ Health care or medical service
____ Legal or attorney services
____ Urban search & rescue member
____ Rental of Real Property
____ Horse hire / NM Employee
____ Elections/Committees
____Board member / commissioner / committee member
____ Agency Volunteer (specify agency)

12) 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	Printed Title	Telephone Number ( )
Signature	Email	Date (mm/dd/yyyy)

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.

The State of New Mexico will only setup ACH information for checking accounts.

13) NEW BANKING INFORMATION		14) PREVIOUS BANKING INFORMATION IF ANY	
Bank Name		Bank Name	
Bank Routing No. (9-digit ABA#)	Bank Account Number	Bank Routing No. (9-digit ABA#)	Bank Account Number

15) 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.

Please provide a copy of a voided check or letter from financial institution confirming banking information.

Printed Name	Signature

OFFICIAL / POC USE ONLY			DFA / FCD USE ONLY	
BUSINESS UNIT	DATE	POC INITIALS	ENTERED BY	VENDOR NUMBER
POC (Print name)	PHONE NUMBER		DATE ENTERED	ACH VERIFIED

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.

1) Taxpayer Identification Number (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). Check the appropriate box to indicate if you are providing an SSN or FEIN.

2) NEW TIN# Provide the new number assigned by the SSA or the IRS and enter the effective date of the change.

3) NM CRS ID# (optional) is always an 11-digit number that is provided by the New Mexico Taxation and Revenue Department.

4) Current Legal Name When changing name, enter the current legal name. As registered with the IRS or Social Security Administration.

5) NEW Legal Name Enter the new legal name. As registered with the IRS or Social Security Administration.

6) Current 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.

7) NEW-ADD DBA/Trade Name Enter the name of the new or additional doing business as.

8) Primary Address Where correspondence, payment(s), purchase order(s) or 1099s should be sent. If primary has changed check the box that indicates "CHANGE."

9) Remittance Address Where payment(s) should be sent if different from primary address. If address has changed check the box that indicates "CHANGE." NOTE: State agencies please indicate the SHARE Loc.# in spaces provided. When providing a Community Development Block Grant (CDBG) remittance address, provide bank name in address line #1 and physical address in address line #2.

10) Entity Designation Check ONE box which describes business entity. *For LLC entities, you must check the type of LLC*.

11) Entity Activity Specify in the spaces provided next to the activity listed with an "A" to add or "D" to delete if the entity provides one of the activities listed. If entity provides none, leave blank.

12) 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.

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 the Bank Name, Bank Routing No (9-digit-ABA) and Bank Account Number. The State of New Mexico will only setup ACH information for checking accounts. Please provide a copy of a voided check or letter from your bank confirming the banking information you are providing. Without providing this information and providing a copy of a voided check or letter from your bank the direct deposit WILL NOT be setup on the vendor file.

13) Previous Banking Information Provide the complete banking information previously listed with the State of New Mexico.

14) NEW Banking Information Provide the NEW banking information.

15) 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 returns with the IRS to report interest, dividends, and other certain income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the TIN for identification purposes and to help verify the accuracy of your tax return. You must provide the TIN whether or not you are required to file a tax return. Payers must generally withhold a percentage as determined by the IRS of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may apply.

Penalties If you fail to furnish your correct Taxpayer Identification Number (TIN) to a requester, you are subject to an IRS penalty of $50 for each failure unless your failure is due to a reasonable cause and not to willful neglect. If you make a false statement without a reasonable basis that results in no backup withholding, you are subject to an IRS penalty of $500. Willfully falsifying certification or affirmation may subject you to criminal penalties including fines and/or imprisonment. If the requestor discloses or uses TINs in violation of Federal Law, the requester may be subject to civil penalties and imprisonment.