

Taxpayer Identification Number Verification (TIN)

FOR AGENCY USE ONLY

Business Unit Number: DFA Date: / /

Point of Contact (POC):

POC Initials: POC Phone #



Substitute W-9

New Mexico Department of Finance and Administration
Financial Control Division
DO NOT send to IRS

PRINT OR TYPE

Complete instructions can be found on the reverse side of this form.

TAXPAYER IDENTIFICATION NUMBER (TIN) (Provide only ONE)
Sole proprietorship provide FEIN if applicable
Federal Employer Identification Number (FEIN) 85-6000565

LEGAL NAME State Of New Mexico
(As registered with IRS or SSA) Sole Proprietorship enter your Last Name, First Name, Middle Initial.

TRADE NAME
If doing business as (D.B.A) or business name of Sole Proprietorship

PRIMARY ADDRESS (Address where correspondence, payment(s), purchase order(s), or 1099's should be sent)
Bataan Memorial Building
P.O. Box or Street Address 407 Galisteo, Room 166
City, State, Zip Santa Fe, NM 87501
X Primary & Remit Additional

REMITTANCE ADDRESS (Where payment(s), if different from primary address, should be sent)
P.O. Box or Street Address
City, State, Zip Additional

CHANGE OF ADDRESS (Enter new address here)
P.O. Box or Street Address
City, State, Zip
Change of Address applies to: Remittance Primary

CERTIFICATION
Under penalties of perjury, I certify that:
I have provided my correct taxpayer identification number and that
I am not subject to backup withholding as specified on the reverse side of this form.
Print Name Ricky Bejarano Title Director/State Controller
Signature Date December 15, 2011

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 the National Automated Clearing House Association's operating rules or if you are not sure if the rules apply to you. DO NOT FILL OUT THIS SECTION OF THE FORM.

Please initial here to indicate that you have read the above warning. If you fail to initial here, direct deposit will not be approved. Initial here

Bank Name: N/A
Routing #: Account #:
Checking Account Other Account
(Provide copy of voided check, NOT DEPOSIT SLIP)

BUSINESS DESIGNATION (CHECK ONE)

- Corporation (FEIN)
Or
Professional Corporation (FEIN)
Doctor/Medical Facility
Attorney/Legal Facility
Individual (SSN)
Sole Proprietorship (SSN/FEIN)
Partnership (FEIN)
General
Limited
Estate/Trust (FEIN/SSN)
Organization Exempt from Tax (FEIN)
Under section 501 (a)(c)(d)
Are you engaged in the business of providing medical services? Yes No
X Government Entity (FEIN) or
Government Operated Entity (FEIN)
LLC Taxed As:
Corporation (FEIN)
Sole Proprietorship (SSN/FEIN)
Single Member(FEIN)
Other:

FOR FCD USE ONLY

ENTERED BY:
DATE ENTERED:
SHARE VENDOR #