

**Taxpayer Identification Number Verification (TIN)**



Substitute W-9

**FOR AGENCY USE ONLY**

Business Unit Number: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Point of Contact (POC): \_\_\_\_\_

POC Initials: \_\_\_\_\_ POC Phone # \_\_\_\_\_

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) \_\_\_\_\_ - \_\_\_\_\_  
 or  
 Social Security Number (SSN) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**LEGAL NAME**

(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)

P.O. Box or Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**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 \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Phone \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**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
- \_\_\_ Government Entity (FEIN) or
- \_\_\_ Government Operated Entity (FEIN)
- \_\_\_ LLC Taxed As:
  - \_\_\_ Corporation (FEIN)
  - \_\_\_ Sole Proprietorship (SSN/FEIN)
  - \_\_\_ Single Member (FEIN)
- \_\_\_ Other: \_\_\_\_\_

**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: \_\_\_\_\_  
 Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_  
 \_\_\_ Checking Account \_\_\_ Other Account  
 (Provide copy of voided check, NOT DEPOSIT SLIP)

**FOR FCD USE ONLY**

ENTERED BY: \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_

SHARE VENDOR # \_\_\_\_\_