



DFA Stamp here

Taxpayer Identification Number (TIN) Certification Vendor Maintenance & Direct Deposit Authorization

Current Taxpayer Identification Number (TIN#)		New TIN#		<input type="checkbox"/> SSN	State of NM Employee (SHARE ID#)	
		Effective Date / /		<input type="checkbox"/> FEIN		
Legal Name			Business DBA Trade Name		NM CRS ID #	
ADDITIONAL ENTRY		CHANGE / UPDATE (Check all that apply)				
<input type="checkbox"/> Remittance Address		<input type="checkbox"/> Legal Name		<input type="checkbox"/> DBA/Trade Name		<input type="checkbox"/> ACH #1
<input type="checkbox"/> DBA/Trade Name		<input type="checkbox"/> Primary Address		<input type="checkbox"/> Remit to Address		<input type="checkbox"/> ACH #2
<input type="checkbox"/> ACH Direct Deposit		<input type="checkbox"/> Vendor Inactive		<input type="checkbox"/> Address Inactive		
				Share Loc# _____		Share Loc# _____
				Share Loc# _____		Share Loc# _____
				Share Loc# _____		
NEW Legal Name			NEW Business DBA Trade Name			
NEW Primary Address Where correspondence, payments, purchase orders, or 1099s should be sent			NEW Remittance Address <input type="checkbox"/> Same as Primary <input type="checkbox"/> CDBG Where payments, if different from primary address, should be sent			
Address Line #1			Address Line #1			
Address Line #2			Address Line #2			
City	State	Zip	City	State	Zip	
The above vendor is categorized as providing the following with the State of New Mexico (in box provided put an "A" to add or a "D" to delete)						
Entity as designated above provides:						
<input type="checkbox"/> Rental of Real Property		<input type="checkbox"/> Health care or medical service		<input type="checkbox"/> Legal or attorney services		
<input type="checkbox"/> Board member / commissioner / committee member		<input type="checkbox"/> Horse hire / NM Employee		<input type="checkbox"/> Agency Volunteer (specify agency below)		
		<input type="checkbox"/> Urban search & rescue member				
CERTIFICATION (See instructions on reverse side of this form)						
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. Please provide a copy of a voided check or letter from bank confirming information indicated above.						
The State of New Mexico will only setup ACH information for checking accounts.						
PREVIOUS BANKING INFORMATION				NEW BANKING INFORMATION		
Bank Name		Bank Name				
Bank Routing No. (9-digit ABA#)	Bank Account Number	Bank Routing No. (9-digit ABA#)	Bank Account Number			
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.						
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 is utilized to update the vendor file with the State of New Mexico. Important, if your Taxpayer Identification Number (TIN#) has changed, a new vendor registration will be created to keep separate and accurate records associated with the new TIN#.

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.

Current Taxpayer Identification Number # As registered with the IRS or Social Security Administration.

New TIN # Is the NEW TIN# as registered with the IRS or Social Security Administration. Check the SSN of FEIN box

New Mexico Employee ID # Enter the New Mexico Employee ID# as registered in Share.

Legal Name Provide the name of the entity or NM State Employee as currently recorded with the New Mexico vendor file.

Business / Trade Name Provide the name of the entity as currently recorded with the New Mexico vendor file.

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

Additional Entry Check all boxes that apply to add information to the vendor file.

Change / Update Check all boxes that apply to change / update information to the vendor file.

When selecting "Vendor Inactive" or "Address Inactive," vendor must provide a letter specifying the reason.

(POC, enter the 3-digit Share Location of the change for DBA/Trade Name, Remit to Address and ACH Direct Deposit)

NEW Legal Name Provide the NEW name of the entity or NM State Employee to be updated with the New Mexico vendor file.

NEW Business DBA Trade Name Provide the NEW name of the entity to be updated with the New Mexico vendor file.

NEW Primary Address Provide the NEW address where correspondence, payment(s), purchase order(s) or 1099s should be sent. NM State Employees: on address line #1 provide the FIELD OFFICE LOCATION, on address line #2 provide either the P.O. Box or the Street Address but not both for the field office location. (NM State Employees should NOT provide their home address)

NEW Remittance Address Provide the NEW address where payment(s) should be sent if different from primary address. When providing a Community Development Block Grant (CDBG) remittance address, provide the bank name in address line #1 and the physical address in address line #2.

Entity Designation ADD or DELETE in the boxes provided if you are: providing health care or medical services, providing legal or attorney services, renting real property to the State of NM, board member/commissioner, a horse hire/NM employee, an urban search and rescue member, or serving as a volunteer to a NM Agency (please specify agency in the space provided).

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)

Provide the PREVIOUS Banking Information and the NEW Banking Information if your banking information has changed. Provide the NEW Banking Information if you are adding ACH Direct Deposit to the vendor file with the State of New Mexico. 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. 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.