

DO NOT SEND TO
IRS - SUBMIT
FORM TO
REQUESTING
AGENCY

FCD 02/2017

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

PART I: VENDOR INFORMATION

1. Legal Business Name: (As it appears on the IRS EIN records, CP575, 147C - or - Social Security Administration records, Social Security Card, certified Form SSA7028)

2. If you use a DBA/Trade Name, please list below:

UNIVERSITY OF NEW MEXICO

UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER (HSC)

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 (Individual)
- Partnership General / LLC
- Corporation / Professional Corporation / LLC
- Non-United States Business Entity
- Estate or Trust
- Government (Local, State, Federal, Tribe)
- Tax-Exempt organization under IRC Section 501 C
- 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
- State of NM Appointed Board member / commissioner / committee member
- Agency Volunteer (Agency No.)
- Supplier & Active NM Employee
- Other STATE EDUCATIONAL INSTITUTION - SECTION 115

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

1. Enter your TIN here (DO NOT USE DASHES)

8 5 6 0 0 0 6 4 2

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

1 UNIVERSITY OF NEW MEXICO

Address Line #2

MSC09 5225

Address Line #3

City

ALBUQUERQUE

State

NM

Zip - 9 Digit

87131-0001

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

PART IV: CERTIFICATION

Under penalties of perjury, I certify that:

- 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
- 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
- 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

MICHAEL SCHWANTES

Occupation

CHIEF FINANCIAL SERVICES OFFICER, HSC

Telephone Number

(505) 272-6264

Signature

Email for receiving ACH advices

HSC-PREAWARD@SALUD.UNM.EDU

Date (mm/dd/yyyy)

01/11/2018

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) 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.

Include a voided check or letter from financial institution if requesting ACH payments

Type of Account

Checking

Savings

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.

Signature

Printed Name
