



Welcome Vendors:

Attached is the W9 substitute form CNM uses to set up vendors with a Vendor code. We ask that you include this page in your submittal to cnmw9@cnm.edu.

If you are a foreign vendor (non-US), please email your contact information to cnmw8@cnm.edu and we will forward a W8 form for completion.

My departmental contact at CNM

Staff you been working with (if known): _____
First name Last Name

Department at CNM (if known):

The attached substitute W9 form along with this along with this form should be sent to cnmw9@cnm.edu



Taxpayer Identification Number Request

Substitute Form W-9

Use this form only if you are a US citizen (including US resident alien); if you are a foreign person, use the appropriate form W-8BEN.

Vendor Code:
(Internal Use only)

ROUTING: cnmw9@cnm.edu

or mail to CNM, Attn: Chris Grant

PO Box 4586 Albuquerque, NM 87196-4586

Name:

Address:

City, state & zip:

Legal name you report your income tax under (if different):

CNM Department You Are Working With:

Central New Mexico Community College is required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 28% federal income tax backup withholding. You may also be subject to a \$50 penalty imposed by the IRS under code section 6723. Federal law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, we are required to withhold 28% of payment.

Type of Payee: Organization Type (choose one)

Please indicate if any of the following categories apply to your business:

- Individual/Sole Proprietor/Single Member LLC
- Partnership
- Corporation
- Trust/Estate
- Limited Liability Company
 - C Corporation
 - S Corporation
 - Partnership

- Attorney or Legal Firm
- Medical Service
- Rent
- Royalties

- Government
- Other

TAXPAYER IDENTIFICATION NUMBER (TIN) – Tax ID # associated with legal name above

Federal ID Number (also known as an Employer Identification Number)

or

Social Security Number

If exempt from form 1099 reporting, please select your qualifying exemption reason below:

- | | | | | |
|---|--|--|--|--|
| Corporation except there is no exemption for medical, healthcare, or legal payments | Tax exempt charity under 501(a) includes 501(c)(3) | The US or any of its agencies or instrumentalities | A state, the District of Columbia, a possession of the US or any of their political subdivisions | A foreign or any of its political subdivisions |
|---|--|--|--|--|

Certification: Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer 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 US citizen or other US person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions:

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Name :

Title:

e-Signature:

Date:

Email Address:

Phone:

Direct Deposit (ACH) Required information (If you elect to be paid by direct deposit instead of check

Bank Name:

Bank Address:

Routing #:

Account #:

Checking account

Savings account

Email address for deposit alerts: