



# New Vendors Doing Business with the New Mexico Commission for Deaf & Hard of Hearing

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*If you are doing business with the New Mexico Commission for Deaf and Hard of Hearing, you must obtain a CRS Number (Combined Reporting Systems Identification number) from New Mexico Taxation and Revenue Department.*

*New and established businesses must also fill out a State of New Mexico Substitute W-9 Form which is included at the end of this fact sheet.*

## How do I get a CRS number for my business?

Persons engaging in business in New Mexico must register with the New Mexico Taxation and Revenue Department. With few exceptions, a business must hold a Combined Reporting System (CRS) identification number, also known as your State Tax identification number. CRS is the Department's method for reporting the State's major business taxes: gross receipts tax, all local option gross receipts taxes, compensating tax, and withholding tax. For more information, go to: [www.tax.newmexico.gov](http://www.tax.newmexico.gov).

## What do I do when I get my CRS Number?

Once you have received your CRS Number, contact your NMCDHH point of contact and request a State of New Mexico Substitute W-9 Form or use the form attached to this fact sheet. Fill out the form and submit to your NMCDHH point of contact. The NMCDHH financial staff will submit the form to the Department of Finance and Administration (DFA). The DFA will create a SHARE vendor file for your business.

## What is SHARE?

SHARE is a Statewide Human Resource, Accounting and Management Reporting System. The State of NM uses SHARE for all State procurement.

## What is a Vendor File?

A Vendor File is a file that is put into the SHARE system with all your business information you submitted on the State of New Mexico Substitute W-9. Once the NMCDHH Financial Staff has determined that a SHARE vendor file has been created for your business, then you can begin approved procurement with NMCDHH.

## Helpful Tips for Filling Out the State of New Mexico Substitute W-9:

### General Information

- Typed information is preferred, if handwritten, must be clear and legible.
- Do not use white out or correction tape
- Must be completed by supplier
- Signature must be original; no cut and paste signatures, stamped or electronically generated signatures.

### Part I - Supplier Information

- Legal Business Name or Individual Name - Must be clear and legible  
IMPORTANT - If you are a sole proprietor, please put your name in section 1 and the business name in section 2.
- Entity Type - Box must be checked
- Entity marked must be consistent with taxpayer ID in Part II
- In section 4, if checking "other," state what service you provide.

### Part II - Taxpayer Identifying Information

- TIN must be provided to the right of #1. When entering by computer, enter number in boxes provided. You will need to tab after each number to enter.
- ID Type must be checked
- Must be correct number, if filling in for business, use employer ID - for individual, use SSN.

### Part III - Address

- Must be clear and legible

### Part IV - Certification

- Must be clear and legible
- Print name, occupation, telephone number, email
- Must be signed and dated, signature must be original; no cut and paste signatures, stamped or electronically generated signatures.

### Part V - Direct Deposit (Required by NMCDHH)

- Checking or savings must be checked
- Signature must be original; no cut and paste, stamped or electronically generated signatures.
- Print name
- Attach a voided check or letter from bank. The check must have a printed name and address that matches W-9. Letter must be directly from bank. Routing number and account number cannot be written in on the bank letter.

Please note: The Department of Finance and Administration will be in touch with you to verify your banking information. If they contact you by email and ask you to call to verify banking information, and the email seems odd to you, feel free to contact your NMCDHH Point of Contact to check if it is legitimate.

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: SUPPLIER 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: |  |
|   |                                      |  |  |
| 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  |                                      | Estate or Trust                                    |  |
| Single Member / LLC (Individual)  |                                      | Government (Local, State, Federal, Tribe)          |  |
| Partnership General / LLC   |                                      | Tax-Exempt organization under IRC Section 501 C    |  |
| Corporation / Professional Corporation / LLC  |                                      | State of New Mexico Employee (Agency No.)          |  |
| Non-United States Business Entity   |                                      |  |  |
| 4. 1099 Reporting: Services provided to the State by vendor:  |                                      |  |  |
| Health care or medical service  | Royalties                            | Agency Volunteer (Agency No.)                      |  |
| Attorney services   | State of NM Appointed Board member / | DUAL Supplier & Active NM Employee                 |  |
| Rental of Real Property   | commissioner / committee member      | Other  |  |

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

|  |                           |             |   |
|--|---------------------------|-------------|---|
| 1. Enter your TIN here (DO NOT USE DASHES)               |                           |             |   |
| 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) |       | 2. REMITTANCE, IF DIFFERENT: (location specifically used for payment that is different than address 1, if applicable) |      |       |               |
| Address Line #1  |       | Address Line #1   |      |       |               |
| Address Line #2  |       | Address Line #2   |      |       |               |
| Address Line #3  |       | Address Line #3   |      |       |               |
| City   | State | Zip - 9 Digit   | 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 | Occupation                      | Telephone Number  |
|              |                                 |                   |
| Signature    | Email for receiving ACH advices | Date (mm/dd/yyyy) |
|              |                                 |                   |

**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   |          |         |
|  |  |          |         |

# Instructions for Completing this Form

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.

Check the appropriate box(s) that this form is to be utilized and fill in the corresponding section(s) indicated next to the box(s) checked.

## PART I: VENDOR INFORMATION

- 1. Legal Business Name** Enter the legal name as registered with the IRS or Social Security Administration.
- 2. DBA/Trade Name** Individuals leave blank. Sole Proprietorships: Enter DBA (doing business as) name. All Others: Complete only if business name is different than Legal Name.
- 3. Entity Type** Check ONE box which describes business entity. If a current, past, or becoming a state employee, please also mark the State of New Mexico Employee box and enter the Business Unit number for the agency. Also, provide the 6 digit employee ID as assigned in SHARE HCM in the Part II Taxpayer Identification Number (TIN) & Taxpayer Identification Type section and mark the Employee ID box.
- 4. 1099 Reporting** Check the appropriate box that applies to the type of services being provided to the State. If the type of service is not specifically stated, enter the type of service in the Other box.

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

- 1. Taxpayer Identification Number** Enter TIN with no dashes in the boxes provided
  - a. TIN** is always a 9-digit number. Provide the Social Security Number (SSN) assigned by the Social Security Administration (SSA) or the Federal Employer Identification Number (FEIN) assigned to the business or other entity by the Internal Revenue Service (IRS).
  - b. Employee ID** is always a 6-digit number. Provide the employee ID assigned by the State of New Mexico for payroll processing in SHARE HCM.
- 2. TIN Identification Type** Mark the appropriate box for the TIN provided above.

## PART III: ADDRESS

- 1. Address** Where correspondence, payment(s), purchase order(s) or 1099s should be sent.
  - a. Employees** If a current employee, please provide this following:
    - i. Address Line #1:** State Agency Name
    - ii. Address Line #2:** Field Office Mailing Address
    - iii. Address Line #3:** N/A
  - b. CDBG** When providing a Community Development Block Grant (CDBG) remittance address, enter CDBG on line #1 and entities remittance address in address line #2
- 2. Remittance Address** If different than Address
- 3. Zip Code and Phone Number** The 5 + 4 code will be required to be entered for all zip codes. If the last 4 digits are unknown, then 4 zeros (0) can be entered. Do not enter the "-" as part of the zip code. When entering the phone number, only enter the 10 digit number. Do not enter the "(" )" or "-" as part of the phone number.

## PART IV: 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.

Identifying information is required of the person signing the form.

**PART V: OPTIONAL DIRECT DEPOSIT (ACH)** You may elect to receive payments from the State of New Mexico through Automated Clearing House (ACH) direct deposit. Please provide a copy of a voided check or letter from financial institution with the banking information. Without one of the two items, ACH information WILL NOT be entered and payments will be made by warrant. Select the type of account being provided.

**I Acknowledge** 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