

**NEW MEXICO DEPARTMENT OF FINANCE & ADMINISTRATION  
FINANCIAL CONTROL DIVISION  
SUBSTITUTE FORM W-9 / FEDERAL FORM W-9 / FEDERAL FORM W-8  
POC COVERSHEET**

CHECK THE APPROPRIATE BOX(ES) FOR PURPOSE OF REQUEST **FIELDS HIGHLIGHTED IN YELLOW ARE REQUIRED FOR POC**

REACTIVATE VENDOR	
VENDOR DOES NOT EXIST IN SHARE (USED TIN OR EMPLOYEE TO SEARCH IN SHARE)	
NEW VENDOR REQUEST	
EMPLOYEE ID VERIFIED WITH AGENCY HR	
UPDATE EXISTING VENDOR	VENDOR ID
VENDOR NEED TO BE SET-UP AS A DUAL VENDOR	VENDOR ID
VENDOR CHANGING LEGAL NAME	
VENDOR ADDING DBA NAME	IF APPLICABLE, WHICH ADDRESS ID DOES THIS APPLY TO
VENDOR CHANGING DBA NAME	IF APPLICABLE, WHAT ADDRESS ID DOES THIS APPLY TO
VENDOR CHANGING ENTITY DESIGNATION / TYPE	
VENDOR CHANGED TIN	EFFECTIVE DATE OF TIN CHANGE
ADD ACH DIRECT DEPOSIT	ADDRESS ID DOES THIS CHANGE APPLY TO
CHANGE ACH DIRECT DEPOSIT	ADDRESS ID DOES THIS CHANGE APPLY TO
ADD ADDRESS (NEW ADDRESS IS NECESSARY TO GET PAYMENT TO VENDOR)	
CHANGE EXISTING ADDRESS	ADDRESS ID THIS CHANGE APPLY TO
ADD REMITTANCE ADDRESS (NEW REMITTANCE ADDRESS IS NECESSARY TO GET PAYMENT TO VENDOR)	
CHANGE REMITTANCE ADDRESS	ADDRESS ID THIS CHANGE APPLY TO

**POINT OF CONTACT (POC) CERTIFICATION SECTION:**

FORM:

**LEGIBLE**

**COMPLETE**

**CERTIFICATION SIGNED BY VENDOR**

OPTIONAL DIRECT DEPOSIT APPROVAL SIGNED BY VENDOR, IF REQUESTING ACH PAYMENTS POINT

**OF CONTACT INFORMATION FOR AGENCY IS PROVIDED ON FORM AND IN EMAIL**

**W-9 SUBMISSION INSTRUCTIONS:**

**ONE (1) W-9 ATTACHED TO EMAIL**

IF ACH PAYMENTS ARE BEING REQUESTED, THEN AN ACCEPTABLE FORM OF BANKING INFO IS INCLUDED

IF FEDERAL FORM & VENDOR REQUESTING ACH PAYMENT, HAS VENDOR SIGNED SEPARATE OPTIONAL DIRECT DEPOSIT FORM

IF APPLICABLE, EMPLOYEE ADDRESS IS THE AGENCY'S OR FIELD OFFICE ADDRESS

**VENDOR NAME AND VENDOR NUMBER (IF AVAILABLE) IN SUBJECT LINE**

**EMAIL TO VENDOR.RELATIONS@STATE.NM.US**

**MAIL SUBMISSION BY AGENCY POC AS DOCUMENTED ON FCD POC FORM**

**NOTE: AN INCOMPLETE W-9 WILL NOT BE PROCESSED. WHEN A NEW W-9 IS SUBMITTED, IT WILL PROCESSED IN THE ORDER IT WAS RECEIVED. IF A W-9 IS SUBMITTED REQUESTING TO ADD/UPDATE ACH INFO AND NO DOCUMENTATION IS PROVIDED, A NEW W-9 WILL BE REQUIRED TO BE SUBMITTED ONCE THE BANKING INFO IS RECEIVED FROM VENDOR.**

**AGENCY NOTES**

AGENCY POC INFORMATION INCLUDE BUSINESS UNIT: POC NAME: POC PH#: POC EMAIL:	DESCRIBE THE SERVICE THE SUPPLIER PROVIDING TO THE STATE OF NM:  CHECK ALL THAT APPLY BOX 1 - RENTAL PAYMENT, EXCLUDING STORAGE OR MAIL BOXES BOX 2 - ROYALTY PAYMENT BOX 3 - MILITARY INSURANCE REIMBURSEMENT (70500 ONLY) BOX 3 - LEGAL SETTLEMENT PAYMENTS TO INDIVIDUAL DIRECTLY BOX 3 - JURY DUTY PAYMENT (NM COURTS ONLY) BOX 3 - DECEASED EMPLOYEE PAYROLL PAYMENT BOX 3 - INSURANCE PREMIUM REFUND (BU 35000 ONLY) BOX 14 - LEGAL SETTLEMENTS
ADDITIONAL INFORMATION TO HELP WITH PROCESSING:	