



# New Mexico State University Vendor Questionnaire Form Substitute W-9

FOR OFFICE USE ONLY

Banner #: \_\_\_\_\_

Entered By/Date: \_\_\_\_\_

New Vendor Re-Certification of Vendor

Instructions: This form is to be completed by vendors seeking to do business with NMSU and by vendors that require recertification. The form must be completed correctly for processing. Incomplete forms will not be processed. Please print or type legibly. **Return this form to NM SU, Central Purchasing & Risk Management, PO Box 30001 MSC 3890, Las Cruces, NM 88003. Phone 575-646-2916, fax 575-646-3736, or email at [vendors@nmsu.edu](mailto:vendors@nmsu.edu)**

## Section 1

## VENDOR INFORMATION

Tax Identification Number:

social security number

Banner # (if known):

Prior Name (if applicable):

Legal Name: (as shown on your Federal tax return):

Business Name or DBA:

Order Address:

City

St

Zip

Remit to Address:

City

St

Zip

Phone: ( )

Fax: ( )

Email Address:

Internet Address:

## Section 2

## TAX INFORMATION

Individuals ----- Are you a citizen of the United States? Yes ☐ No ☐

Company ----- Is this a United States company? Yes ☐ No ☐

If you are not a US citizen or company, please select the correct box below and attach the required documents. Country of Origin \_\_\_\_\_

☐ a) Permanent Resident Alien (For individuals)  
Permanent Resident Alien-Attach Copy of Green Card

☐ b) Resident Alien (For foreign individuals / company)  
Copy of Non-resident Alien's Visa, passport and IRS form W-8BEN Certificate of Foreign Status

☐ c) IRS form 8233 Exemption from withholding on Compensation for Independent Personal Services of a Non-Resident Alien Individual

Only if not a US citizen!

## Section 3

## BUSINESS TYPES

(Select one only)

☒ Individual  
☐ Sole Proprietor

☐ Corporation

☐ Partnership

☐ Limited Liability (type) \_\_\_\_\_  
(D=Disregarded entity C=Corporation P=Partnership)

☐ Federal or State Govt. Agency

☐ Not-For-Profit Organization

☐ Foreign Individual

☐ Foreign Supplier

## Section 4

## ADDITIONAL BUSINESSTYPES

(Select all that apply)

☒ One time payment  
☐ Columbia Scientific  
Balloon Facility  
☐ Small Business

☐ Small Disadvantaged Business\*

☐ Woman Owned Small  
Disadvantaged\*

☐ Veteran Owned Small Business\*

☐ Hubzone Small Business\*

☐ Large Business

☐ Large Disadvantaged Business\*

☐ Woman Owned Large Business\*

☐ Minority Owned\*

☐ Historically Black College\*

☐ Native American Owned\*

(\*) Attach copies of your certification for this category of business from the SBA or other certifying authority.

Conflict of Interest: \_\_\_\_\_

TIN Match: \_\_\_\_\_

FOR OFFICE USE ONLY:

Employee Status: \_\_\_\_\_

Hubzone: \_\_\_\_\_

Treasury: \_\_\_\_\_

Other: \_\_\_\_\_

VENDOR QUESTIONNAIRE (Continued)

Section 5

CONFLICT OF INTEREST

Are you an employee of NMSU? Yes ☐ No ☐ Department: \_\_\_\_\_

Is any immediate family member employed by NMSU or any of its community colleges? Yes ☐ No ☐

If yes, list name: \_\_\_\_\_ Relationship: \_\_\_\_\_

To the best of your knowledge, are any officers, directors, trustees, partners, or any individual holding any position in management of this company, a member of the NMSU Board of Regents, an immediate family member of the NMSU Board of Regents, or an employee of NMSU or any of its community colleges? Yes ☐ No ☐

If yes, details: \_\_\_\_\_

Section 6

INDEPENDENT CONTRACTOR DETERMINATION

(To be completed by Individuals, Sole Proprietors and Limited Liability companies as indicated in your response to section 3.)

Select all that apply:

- ☒ Travel ☐ Speaker/Guest Lecture
- ☐ Services \_\_\_\_\_ ☐ Reimbursement
- ☐ Honorarium ☐ Other \_\_\_\_\_

- |  | YES                   | NO                               |
|--|-----------------------|----------------------------------|
| 1. Will NMSU determine when, where, or how the work is to be performed? (If yes, please explain) _____                                     | <input type="radio"/> | <input checked="" type="radio"/> |
| 2. Will NMSU provide any training to the Contractor or its employees? (If yes, please explain) _____                                       | <input type="radio"/> | <input checked="" type="radio"/> |
| 3. Are the services proposed in this contract currently being performed on the NMSU campus? (If yes, please explain) _____                 | <input type="radio"/> | <input checked="" type="radio"/> |
| 4. Will any current NMSU employees be involved in performing any of the proposed services of this contract? (If yes, please explain) _____ | <input type="radio"/> | <input checked="" type="radio"/> |
| 5. Are the services proposed in this contract a continuation of work from a current or prior contract? (If yes, please explain) _____      | <input type="radio"/> | <input checked="" type="radio"/> |
| 6. Will the proposed services be performed on the NMSU campus? (If yes, please explain) _____  | <input type="radio"/> | <input checked="" type="radio"/> |
| 7. Will any NMSU-owned property or equipment be used in the performance of the proposed services? (If yes, please explain) _____           | <input type="radio"/> | <input checked="" type="radio"/> |
| 8. Is Contractor allowed to provide the proposed services without a business license/registration? (If yes, please explain) _____          | <input type="radio"/> | <input checked="" type="radio"/> |
| 9. Please describe the materials or services that you will be providing to NMSU:   |                       |                                  |

Reimbursement for partial travel expenses to conference

Revised

Section 7

TERMS AND CONDITIONS

FEDERAL LAW REQUIRES NMSU TO OBTAIN THIS INFORMATION 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 PENALTY IMPOSED BY THE IRS UNDER SECTION 6723.

UNDER 15 U.S.C. 645(d), ANY PERSON WHO MISREPRESENTS ITS SIZE STATUS SHALL (1) BE PUNISHED BY A FINE, IMPRISONMENT, OR BOTH; (2) BE SUBJECT TO ADMINISTRATIVE REMEDIES; AND (3) BE INELIGIBLE FOR PARTICIPATION IN PROGRAMS CONDUCTED UNDER THE AUTHORITY OF THE SMALL BUSINESS ACT.

I acknowledge that NMSU policy calls for issuance of an official NMSU Purchase Order signed by an authorized individual for all purchases except those accomplished with a NMSU Procurement Card prior to a purchase being made. Failure to obtain an NMSU Purchase Order prior to supplying goods or services may result in either delay of payment or non-payment.

Further, I acknowledge that information obtained in this questionnaire will be used to establish/update NMSU's database and that these changes may affect information in related databases such as student records or employee information.

**CERTIFICATION:** Under penalties of perjury, I certify that:

1. 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,
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 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. person (including a U.S. resident alien), unless otherwise indicated herein. If not, complete IRS W-8BEN form.

**CERTIFICATION INSTRUCTIONS:** You must cross out item 2 under CERTIFICATION 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.

1. For real estate transactions, item 2 does not apply.
2. 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.

BY SIGNING THIS FORM, THE SIGNEE CERTIFIES THE STATEMENTS ABOVE AND AGREES TO NEW MEXICO STATE UNIVERSITY'S STANDARD TERMS AND CONDITIONS. TERMS AND CONDITIONS ARE AVAILABLE ONLINE AT [www.nmsu.edu/~purchase](http://www.nmsu.edu/~purchase), OR A HARD COPY CAN BE REQUESTED BY CONTACTING THE CENTRAL PURCHASING OFFICE.

If you do not agree with NMSU's terms and conditions please attach documentation with the proposed changes. Failure to agree to NMSU's terms and conditions may affect consideration of becoming a vendor, NMSU being the sole judge of this determination.

Signing this form does not entitle vendor a preferred vendor status. Information on this form is used to set up a vendor in NMSU's purchasing system and will not automatically make you eligible for online bidding system. To register for our online bidding system you will need to visit our website <http://www.nmsu.edu/~purchase/Auto%20Bid.html>.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For NMSU Use Only

DEPARTMENT CONTACT INFORMATION

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Purchasing-Vendor Questionnaire  
Rev 01/04/2012