

Taxpayer Identification Number Request

Please complete the following information. We are 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. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723. Federal law on backup withholding pre-empts 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, the payer is required to withhold 28% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

**Use this form only if you are a U.S. person (including U.S. resident alien.). If you are a foreign person, use the appropriate Form W-8. If you were a nonresident alien and have now become a resident alien, read the note below and attach a statement if necessary.*

Note to U.S. Resident Aliens who formerly were Nonresident Aliens:

If there is a tax treaty between the U.S. and your country and it contains a "saving clause" to exempt certain types of income from U.S. tax even after you have become a Resident Alien, and you want to claim that exemption, fill out all of this form AND attach a page showing:

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|--|---|--|
| 1. The treaty country | 3. The article number for the "saving clause" | 5. Facts that provide a sufficient explanation of why the saving clause applies. |
| 2. The treaty article about the income | 4. The type and amount of income that qualifies for the saving clause | |

Instructions:

- Complete Part 1 by completing one row of boxes that corresponds to your tax status.
- Complete Part 2 if you are exempt from Form 1099 reporting.
- Complete Part 3 by checking all applicable boxes.
- Return this completed form to the address/fax referenced below.

Part 1 - Tax Status: (complete only one row of boxes)

Individuals: (fill out this row)		Individual Name (Last, First, M.I.)	Individual's Social Security Number
Sole Proprietor (or LLC with one owner)	Business Owner's Name: (REQUIRED) Last, First, M.I.	Business Owner's Social Security (###-##-####) & Employer ID Number (##-#####)	Business or Trade Name
(fill out this row)			
Partnership (or LLC with multiple owners)	Name of Partnership	Partnership's Employer ID Number (##-#####)	Partnership's name on IRS mailing label
(fill out this row)			
Corporation, or Tax-Exempt Entity	Name of Corporation or Entity	Employer Identification Number (##-#####)	
(fill out this row)			

Part 2 - Exemption: If exempt from Form 1099 reporting, check your qualifying exemption reason below:

<input type="checkbox"/> Corporation Note that there is NO corporate exemption for medical and healthcare payments or payments for legal services.	<input type="checkbox"/> Tax Exempt Entity Under 501(a) (includes 501(c) (3), or IRA)	<input type="checkbox"/> The United States or any of its agencies or instrumentalities	<input type="checkbox"/> A state, the District of Columbia, a possession of U.S., or any of their political subdivision or agencies	<input type="checkbox"/> A foreign government or any of its political subdivision or an international organization in which the U.S. participates under a treaty or Act of Congress	<input type="checkbox"/> Exempt from backup withholding
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Part 3 – Business Classification: Please indicate if your company is categorized as any of the following (see reverse for description):

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|--|---|---|
| <input type="checkbox"/> Historically Black College/University or Minority Institution | <input type="checkbox"/> Service Disabled Veteran Owned Small Business | <input type="checkbox"/> Veteran-Owned Small Business |
| <input type="checkbox"/> Hub Zone Business (Must be SBA Certified) | <input type="checkbox"/> Small Business | <input type="checkbox"/> Women-Owned Small Business |
| <input type="checkbox"/> Large Business | <input type="checkbox"/> Small Disadvantaged Business (Must be SBA Certified) | |

Part 4 – Addresses

Tax Correspondence address	Purchase Order Address	Remit To Address <input type="checkbox"/> Same as Purchase Order Address
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
E-Mail	E-Mail	E-Mail

Part 5 – 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 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, (3) I am a U.S. person (including a U.S. resident alien), (4) I am not excluded from participation in any Federal health care programs as defined under 42 U.S.C. §1320a-7b(f) and, to my knowledge, there are no pending or threatened governmental investigations that may lead to such exclusion, and (5) I have reviewed and understand the compliance training materials under the "Vendor Compliance" section of the UNM Purchasing Department web page at www.unm.edu/~purch

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.

Print Name

Title

Signature

Date

PLEASE RETURN COMPLETED FORM TO: