



PURCHASING SERVICES \* 801 Leroy Place \* Socorro, NM 87801 \* 575-835-5886 \* Fax 575-835-5887 \* purchasing@nmt.edu

**TAXPAYER IDENTIFICATION REQUEST and SUBSTITUTE W-9**  
**NMT REQUIRES THIS FORM BE COMPLETED IN FULL. INCOMPLETE FORMS OR REGULAR W-9 FORM WILL NOT BE PROCESSED**  
**FOREIGN VENDORS SHOULD COMPLETE THIS FORM AND ATTACH THE APPROPRIATE W-8**

FEDERAL LAW REQUIRES NMT TO OBTAIN THE INFORMATION REQUESTED WHEN MAKING A REPORTABLE PAYMENT TO A VENDOR. FAILURE TO PROVIDE COMPLETE INFORMATION AS REQUIRED BY THE IRS MAY RESULT IN THE VENDOR'S PAYMENT SUBJECT TO 28% FEDERAL INCOME TAX BACKUP WITHHOLDING. THE VENDOR MAY ALSO BE SUBJECT TO A \$50 PENALTY IMPOSED BY THE IRS UNDER SECTION 6723.

LEGAL NAME : \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
 (if different from above)

ORDERING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ INTERNET ADDRESS: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

REMIT TO ADDRESS (if different from ordering address): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

COMPANY TIN / EIN: \_\_\_\_\_ DUNS: \_\_\_\_\_

SSN IF INDIVIDUAL; SOLE PROPRIETOR \_\_\_\_\_

**BUSINESS TYPE – Please check Business Type - Required**

- C CORPORATION (CP)
- S CORPORATION (SC)
- PARTNERSHIP (PT)
- TRUST / ESTATE (TE)
- LLC-LIMITED COMPANY (LL) - ( ) Partnership ( ) C Corporation ( ) S Corporation ( ) FEDERAL OR STATE GOVERNMENT AGENCY (GV)
- INDIVIDUAL (IN) – Please complete the attached Independent Contractor Determination Form on Page 2
- SOLE PROPRIETOR / SINGLE MEMBER LLC (SP) – Please complete the attached Independent Contractor Determination Form on Page 2
- FOREIGN GOVERNMENT (FG)
- FOREIGN SUPPLIER (FS)
- FOREIGN PERFORMED CONTRACT (FP)
- NOT FOR PROFIT ORGANIZATION (NP)

**OWNERSHIP AND / OR SBA CATEGORY – Required**

- SMALL BUSINESS (SM)
- SMALL DISADVANTAGED BUSINESS\* (SD)
- WOMEN OWNED SMALL DISADVANTAGED\* (WS)
- VETERAN OWNED SMALL BUSINESS\* (VS)
- HISTORICALLY BLACK COLLEGE\* (BM)
- LARGE BUSINESS (BB)
- LARGE DISADVANTAGED BUSINESS\* (LD)
- WOMEN OWNED LARGE BUSINESS\* (WL)
- NATIVE AMERICAN / INDIAN OWNED\* (NA)
- WOMEN OWNED SMALL BUSINESS (WB)
- 8(a) CERTIFIED\* (8A)
- HUBZONE SMALL BUS.\* (HS)
- EDUCATIONAL INSTITUTION (EI)
- MINORITY OWNED\* (NM)
- FOREIGN PARTNERSHIP (PF)

\*NOTE: please attach copies of your certification for this category of business from the SBA or other certifying authority. This certification is valid for one year. If your status changes, it is your responsibility to notify NMT. Definitions of Small Business Owned and Small Disadvantaged Business definitions are available on the NMT website: <https://www.nmt.edu/purchasing-services-forms>

**Individual / Sole Proprietor:** Are you a Citizen of the United States? Yes \_\_\_ No \_\_\_ If no, what Country? \_\_\_\_\_

Indicate Visa type and attach the following completed forms and documents when applicable:

- \_\_\_ Permanent Resident Alien (individual) – Attach copy of Green Card
- \_\_\_ Non-Resident Alien (individual or company) – Attach copy of Visa, Passport and IRS Form W-8BEN
- \_\_\_ Federal Form 8233 Exemption from withholding on compensation for Independent Personal Services of a Non-Resident Alien Individual

**CONFLICT OF INTEREST - Required**

1. Are you an employee of NMT? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Is any immediate family member employed by NMT or any of its entities? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, list name and NMT Department: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. To the best of your knowledge, are any officers, directors, trustees, partners, or an individual holding any position in management of this business, a member of the NMT Board of Regents, an immediate family member of the NMT Board of Regents, or an employee of NMT or any of its entities? If "yes" attach details. Yes \_\_\_\_\_ No \_\_\_\_\_

I acknowledge that NMT policy calls for issuance of an official NMT Purchase Order signed by an authorized individual for all purchases except those accomplished with a NMT Procurement Card prior to a purchase being made. Failure to obtain an NMT 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 NMT's database and that these changes may affect information in related databases such as student records or employee information.

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 PROGRAMS CONDUCTED UNDER THE AUTHORITY OF THE SMALL BUSINESS ACT.

\* CERTIFICATION: Under penalties of perjury, the individual signing this form below, certifies that:

- 1. The payee's taxpayer identification number (TIN) is correct,
- 2. The payee is not subject to backup withholding due to failure to report interest and dividend income,
- 3. The payee is a U.S. person, and (Does not apply to Foreign Vendors)
- 4. The payee is exempt from Foreign Account Tax Compliance Act (FATCA) reporting. Please provide your Exempt Payee code (if any) \_\_\_\_\_  
Please provide your Exemption from FATCA reporting code (if any) \_\_\_\_\_  
Please consult [www.irs.gov](http://www.irs.gov) if you have questions

New Mexico Tech TIN: 85-6000-411 \* New Mexico Tech DUNS: 04-135-8904

**INDEPENDENT CONTRACTOR DETERMINATION (to be completed by Individual or Sole Proprietors) If "yes" is checked, please explain.**

- 1. Will NMT determine when, where, or how the work is to be performed? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. Will NMT provide any training to the contractor or its employees? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. Are the services proposed in this contract currently being performed on the NMT Campus? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. Will any current NMT employees be involved in performing any of the proposed services of this contract? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5. Are the services proposed in this contract a continuation of work from a current or prior contract? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6. Will the proposed services be performed on NMT property? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7. Will any NMT owned property or equipment be used in the performance of the proposed services? Yes \_\_\_\_\_ No \_\_\_\_\_
- 8. Is the contractor allowed to provide the proposed services without a business license/registration? Yes \_\_\_\_\_ No \_\_\_\_\_
- 9. Please describe the services that you will be providing to NMT.

Explanation/ description: \_\_\_\_\_

**COMPANY / INDIVIDUAL REPRESENTATIVE**

Print or Type Name and Title of Individual Completing Form

\* Signature

Date

To be completed by NMT

Banner Number assigned \_\_\_\_\_

IRS checked on \_\_\_\_\_ by \_\_\_\_\_ # \_\_\_\_\_

Vendor Codes \_\_\_\_\_