



**NEW MEXICO STATE UNIVERSITY
 VENDOR QUESTIONNAIRE & SUBSTITUTE W-9
 INCOMPLETE/ FORMS WILL NOT BE PROCESSED
 PLEASE PRINT OR TYPE LEGIBLY**

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. 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.

VENDOR/INDIVIDUAL NAME USED BY IRS			
BUSINESS NAME (IF DIFFERENT FROM ABOVE) OR DBA			
ORDER ADDRESS		CITY: STATE: ZIP CODE:	
REMIT TO ADDRESS <input type="checkbox"/> SAME AS ORDER ADDRESS		CITY: STATE: ZIP CODE:	
TELEPHONE NUMBER:		INTERNET ADDRESS:	
FAX NUMBER:		EMAIL ADDRESS:	
TAXPAYER IDENTIFICATION NUMBER (TIN/EIN)	---	SOCIAL SECURITY # (INDIVIDUALS/SOLE PROPRIETORS)	---

<p>Are you an employee of NMSU? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is any immediate family employed by NMSU or any of its branches? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list name: _____</p> <p>Dept.: _____</p> <p>Relationship: _____</p> <p>To the best of your knowledge, are any officers, directors, trustees, partners, or an 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 branches? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach details</p>	<p>Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Applicable)</p> <p>If no, what Country? _____</p> <p>Indicate Visa type & attach the following completed forms and documents (See A or B)</p>	<p>A. 1. Federal Form 8233 Exemption from withholding on Compensation for Independent Personal Services of a Non-resident Alien Individual; 2. Copy of Non-resident Aliens' Visa and Passport and; 3. Federal Form W-8BEN Certificate of Foreign Status</p> <p>B. Permanent Resident Alien-Attach Copy of Green Card</p>
--	--	--

Business Type

Please check ONE Business Type:

- () INDIVIDUAL*
- () SOLE PROPRIETOR*
- () CORPORATION
- () PARTNERSHIP
- () LIMITED LIABILITY COMPANY (LLC): CHOOSE TAX CLASSIFICATION (D=disregarded entity, C=corporation, P=partnership) _____
- NOTE: If you are an LLC that has made the election to be taxed as a Corporation by submitting form 8832 to the IRS, you must attach a copy of the Form 8832 that was submitted or the acceptance notification from the IRS.**
- () FEDERAL OR STATE GOVERNMENT AGENCY
- () NOT FOR PROFIT ORGANIZATION
- () FOREIGN SUPPLIER
- () FOREIGN PERFORMED CONTRACT

NOTE: For businesses designated with an asterisk (*), please complete the attached Independent Contractor Determination Form.

PLEASE CHECK ALL THAT APPLY:

- | | |
|---|--|
| <input type="checkbox"/> SMALL BUSINESS | <input type="checkbox"/> LARGE BUSINESS |
| <input type="checkbox"/> SMALL DISADVANTAGED BUSINESS* | <input type="checkbox"/> LARGE DISADVANTAGED BUSINESS* |
| <input type="checkbox"/> WOMAN OWNED SMALL DISADVANTAGED* | <input type="checkbox"/> WOMAN OWNED LARGE BUSINESS* |
| <input type="checkbox"/> VETERAN OWNED SMALL BUSINESS* | <input type="checkbox"/> MINORITY OWNED* |
| <input type="checkbox"/> HUBZONE SMALL BUSINESS* | <input type="checkbox"/> HISTORICALLY BLACK COLLEGE* |
| | <input type="checkbox"/> NATIVE AMERICAN/INDIAN OWNED* |

NOTE: For companies designated with an asterisk (*), please attach copies of your certification for this category of business from the SBA or other certifying authority.

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 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
3. I am a U.S. person (including a U.S. resident alien).

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. 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.

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, OR A HARD COPY CAN BE REQUESTED BY CONTACTING THE CENTRAL PURCHASING OFFICE.

INDIVIDUAL/COMPANY REPRESENTATIVE (Print Name of Individual/Representative Completing Form)

INDIVIDUAL/COMPANY REPRESENTATIVE (Signature)

(Date)

PLEASE RETURN FORM TO: NEW MEXICO STATE UNIVERSITY CENTRAL PURCHASING OFFICE
 MAIL: PO BOX 30001, MSC 3890
 LAS CRUCES, NM 88003-8001
 PHONE: (575) 646-2916
 FAX : (575) 646-3736
 E-MAIL: PURCHASING@NMSU.EDU

For Internal CPO Use Only:

_____ SDB and/or HUBZone Status have been verified in the Central Contractor Registration (CCR) Dynamic Small Business Search Database as of ___/___/____.
 (For SDB) the Expiration Date is _____.

(FOR NMSU DEPARTMENT USE ONLY)
MUST BE COMPLETED BY REQUESTING DEPARTMENT

DEPARTMENT CONTACT NAME: _____
 PHONE NUMBER: _____
 FAX NUMBER: _____

INDEPENDENT CONTRACTOR DETERMINATION

(For Sole Proprietor/Individual Only)

The following questions are to be answered by the contractor.

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

Contractor's Signature