



**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.**

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](mailto:PURCHASING@NMSU.EDU)

***MUST BE COMPLETED BY NMSU REQUESTING DEPARTMENT***

DEPT CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

<b>BUSINESS OR INDIVIDUAL NAME USED BY IRS</b>	
<b>BUSINESS NAME OR DBA</b>	
<b>ORDER ADDRESS</b>	
<b>REMIT TO ADDRESS</b>	
<b>TELEPHONE NUMBER</b>	<b>INTERNET ADDRESS</b>
<b>FAX NUMBER</b>	<b>EMAIL ADDRESS</b>
<b>TAXPAYER IDENTIFICATION NUMBER (TIN/EIN)</b>	<b>SOCIAL SECURITY NUMBER</b>

Are you an employee of NMSU? ___Yes ___No  Is any immediate family member employed by NMSU or any of its branches? ___Yes ___No If yes, list name _____  Dept _____  Relationship _____  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? ___Yes ___No If yes, attach details.	Are you a citizen of the United States? ___Yes ___No (see below)  If no, what country of citizenship? _____  Continue to next block for additional information and documentation requirements. Please check the classification that applies to you.	NON-RESIDENT ALIEN _____  Federal Form 8233 Exemption from withholding on Compensation for Independent Personal Services of a Non-resident Alien Individual Or Copy of Non-resident Alien VISA and completed and signed Federal Form W-8BEN Certificate of Foreign Status.  PERMANENT RESIDENT ALIEN _____  Attach copy of Green Card and completed and signed W-9.
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**BUSINESS TYPE**  
**Please check ONE Business Type**

( ) INDIVIDUAL\*  
 ( ) SOLE PROPRIETOR\*  
 ( ) CORPORATION  
 ( ) PARTNERSHIP  
 ( ) LIMITED LIABILITY COMPANY (LLC) *Indicate 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 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 page

**PLEASE CHECK ALL THAT APPLY:**

- |   |  |
|---|--|
| <input type="checkbox"/> SMALL BUSINESS                   | <input type="checkbox"/> LARGE BUSINESS                |
| <input type="checkbox"/> SMALL DISADVANTAGES BUSINESS*    | <input type="checkbox"/> LARGE DISADVANTAGES 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: or 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](http://www.nmsu.edu/~purchase) OR A HARD COPY CAN BE REQUESTED BY CONTACTING THE CENTRAL PURCHASING OFFICE.**

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**PRINT NAME OF INDIVIDUAL OR COMPANY REPRESENTATIVE COMPLETING QUESTIONNAIRE**

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**SIGNATURE OF INDIVIDUAL OR COMPANY REPRESENTATIVE**

**DATE**

**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 \_\_\_\_\_.

# INDEPENDENT CONTRACTOR DETERMINATION

To be completed by Individual/Sole Proprietor/LLC-Disregarded Entity

ANSWER MUST BE 'YES' OR 'NO' – 'N/A' IS NOT ACCEPTABLE

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

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\_\_\_\_\_  
SIGNATURE