

# Employee W9 Submission Instructions

- All W9 submissions must be sent to [LOPD-Fiscal@lopdm.us](mailto:LOPD-Fiscal@lopdm.us)
- Address listed must be office address (if W9 contains the employees' personal address, your submission will be rejected)
- **Part I- Section 1:** Supplier Information must contain the employees name. **Section 2** must be blank

PART I: SUPPLIER INFORMATION	
1. Name: (as shown on your income tax return).Name is required; do not leave blank.	2. Business name/disregarded entity name, if different from #1:
<b>JOHN SMITH</b>	

- **Part I- Section 3:** State of NM Employee (Agency No.)- 28000 (No other selections will be accepted)

3. Entity Type (Check only one, unless you are or have been a State of New Mexico Employee, then also check State of New Mexico Employee box):	
<input type="checkbox"/> Individual / Sole Proprietorship / Single Member LLC <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation / S Corporation <input type="checkbox"/> Trust / Estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership > _____)	<input type="checkbox"/> Government (Local, State, Federal, Tribe) <input type="checkbox"/> Tax-Exempt organization under IRC Section 501 C <input checked="" type="checkbox"/> State of New Mexico Employee (Agency No.) <b>28000</b>

- **Part I- Section 4:** 1099 Reporting: Select either "attorney services" or "other" and state your occupation

4. 1099 Reporting: Services provided to the State by vendor:		
<input type="checkbox"/> Health care or medical service <input checked="" type="checkbox"/> Attorney services <input type="checkbox"/> Rental of Real Property	<input type="checkbox"/> Royalties <input type="checkbox"/> State of NM Appointed Board member / commissioner / committee member	<input type="checkbox"/> Agency Volunteer (Agency No.) _____ <input type="checkbox"/> DUAL Supplier & Active NM Employee <input checked="" type="checkbox"/> Other _____

- **Part II TIN:** Employee ID must be selected and employee ID stated in the space provided

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE										
1. Enter your TIN here (DO NOT USE DASHES)	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td></td><td></td><td></td> </tr> </table>	1	2	3	4	5	6			
1	2	3	4	5	6					
2. Taxpayer Identification Type (check appropriate box):										
<input type="checkbox"/> Employer ID No. (EIN) <input type="checkbox"/> Social Security No. (SSN) <input checked="" type="checkbox"/> Employee ID <input type="checkbox"/> N/A (Non-United States Business Entity)										

- **Part III Address:** Office address must be listed (all others will be rejected)

PART III: ADDRESS	
1. Address: (Location where payments and correspondances can be sent) (if a NM state employee, enter Agency name and Field Office Address)	
Address Line #1	
<b>EMPLOYEE'S</b>	
Address Line #2	
<b>OFFICE</b>	
Address Line #3	
<b>ADDRESS</b>	
City	State      Zip Code
<b>ONLY</b>	

- **Part IV: Certification:** All sections must be completed. Only a “wet” signature or a digitally certified signature with date and time stamp will be accepted. Adobe “copy paste” signature will be rejected
- **Part V: Optional Direct Deposit:** Only complete this section if you wish to receive ACH payments (direct deposit to bank account) Only a “wet” signature or a digitally certified signature with date and time stamp will be accepted. Adobe “copy paste” signature will be rejected
  - Voided check must be included in order for ACH payments to be set up. If no voided check is available, a bank letter on bank letter head with a bank officers signature is needed with all your pertinent account information. **No temporary checks will be accepted.**
- **Once W9 is completed, email to [lopd-fiscal@lopdnm.us](mailto:lopd-fiscal@lopdnm.us). Include future travel dates or type of reimbursement for which this is needed for in the body of the email. DFA will not accept the submission if this information is not included.**
- Once your W9 is accepted by the Fiscal team, it will be submitted to DFA. Turnaround time is 2-3 weeks if no corrections are needed.
- All information on the W9 must be legible otherwise the W9 will be rejected.