

FOR COUNTY USE ONLY VENDOR#
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REQUEST FOR TAXPAYER INFORMATION AND CERTIFICATION
(In Lieu of IRS Form W-9)

Please complete or make changes to the following information:

Vendor Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

Representative: _____

Type of Organization (Check One) Single Partnership Corporation
 Government Medical Provider Other _____

Federal Tax ID No. or Social Security No. _____

New Mexico CRS Number (if applicable): _____

Is your firm designated as a non-profit organization? _____ Yes _____ No

Is your firm exempt from income tax? _____ Yes _____ No

Is your firm a dealer of retail supplies or provide
 service for which you furnish parts _____ Yes _____ No

Payment Terms: Chaves County pays net within 30 days of receipt of invoice unless otherwise stated below:

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 either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition of abandonment of secured property, contributions to an individual retirement arrangement (IRA), and payments other than interest and dividends).

Certification Instructions: You must cross out item two (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your return.

Signature: _____

Title: _____

RETURN THIS FORM TO:
 Chaves County
 Attn: Stephanie Carrillo
stephanie.carrillo@chavescounty.gov
 P.O. Box 1597
 Roswell, N.M. 88202-1597
 Phone 575-624-6677