

Substitute Form W-9

Request for Taxpayer Identification Number and Certification (Revised November, 2018)

Id #:

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|---|--|-------------------------------|---|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|
| 1. Name (as shown on your income tax return) Name is required on this line; do not leave this line blank. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Business Name /disregarded entity name, if different from above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Check appropriate box for Federal Tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Individual or sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Limited Liability Company. Enter the tax classification (C=C Corporation, S=S Corporation, P = Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Address (number, street, and apt. or suite no.) See instructions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. City, state, and Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. List account number(s) here (optional) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part I - Taxpayer Identification Number (TIN) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. | <table border="1"><tr><td colspan="9">Social Security Number</td></tr><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></tr></table> <p>OR</p> <table border="1"><tr><td colspan="9">Employer Identification Number</td></tr><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></tr></table> | Social Security Number | | | | | | | | | | | | - | | | | | | Employer Identification Number | | | | | | | | | | | | - | | | | | |
| Social Security Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Employer Identification Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Business Classification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Hub Zone Business (Must be SBA Certified) <input type="checkbox"/> Large Business <input type="checkbox"/> Service Disabled Veteran Owned Small Business <input type="checkbox"/> Small Business | <input type="checkbox"/> Small Disadvantaged Business (Must be SBA Certified) <input type="checkbox"/> Veteran-Owned Small Business <input type="checkbox"/> Women-Owned Small Business | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part II - 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. citizen or other U.S. person (defined below); and | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certification instructions. You must cross out item 2 above 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. See the instructions for Part II, later. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of U.S. person ► | Date ► | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

PLEASE RETURN COMPLETED FORM BY FAX OR MAIL ONLY. COMPLETED FORM SHOULD NOT BE SENT BY EMAIL

University of New Mexico • Purchasing Dept • PO Box 4548 Albuquerque, NM 87196

• (Fax) 505/277-7774 • Phone 505/277-2014