FOR COUNTY USE ONLY
VENDOR #

REQUEST FOR TAXPAYER INFORMATION AND CERTIFICATION
(In Lieu of IRS Form W-9)

DATE:

Please complete or make changes to 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 a 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 a 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: Cindy Mealand
P.O. Box 1597
Fax 575-624-6576 Roswell, NM 88202-1597 Phone 575-624-6677