### INSTRUCTIONS FOR STATE OF NEW JERSEY W-9/QUESTIONNAIRE FOR NON-PROCUREMENT VENDORS

The enclosed form is required by the State of New Jersey's Comprehensive Financial System, and must be completed by non-procurement vendors/payees who intend to do business with the State of New Jersey or by New Jersey State employees who are seeking reimbursement for travel or training expenses. Procurement vendors **SHOULD NOT** complete this form but should register at NJSTART.GOV. Procurement vendors include vendors who sell goods or provide a service (including healthcare and legal services). Please answer ALL questions and print clearly. If you have questions or need assistance completing the form, please contact vendor control at (609) 633-8183 or via email: AAIUNIT@treas.nj.us

Select the appropriate action that you are requesting. For payees that are registering for the first time, select 'Establish New Vendor.' For payees that have been previously established within the accounting system and want to add or change a remittance address, select the appropriate box.

### PART I. REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Part One is a W-9 form as required by the Internal Revenue Service to verify the name, address, and federal identification number for vendor/payees who may receive a 1099.

Questions 1-4:

If there is <u>no preprinted data</u>, populate the form with the vendor/payee's name (as shown on your tax return), address, city, state, zip code, and Taxpayer Identification Number. Sign and date the form under question number six.

If the form contains preprinted data and the preprinted information is correct, sign and date the form under question six.

If the form <u>contains preprinted data</u> and the preprinted information <u>is not</u> correct, cross out the incorrect data and make any changes immediately to the right of the preprinted information. Sign and date the form under question six.

Question 5: If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space any code(s) that may apply to you (See IRS Form W-9 instructions for codes).

Question 6: Sign and date the form.

## PART II. VENDOR/PAYEE DATA: STATE OF NEW JERSEY VENDOR/PAYEE INFORMATION QUESTIONNAIRE

- 1. Enter the code that best describes the primary business function from the choices provided.
- 2. Print the name, phone number, and e-mail address of the primary contact person for the vendor listed in Part One.

If you are an employee of the State of New Jersey or manage a Confidential Fund or a Petty Cash Fund for a State agency, do not answer the remaining portion of the questionnaire (Questions three and four).

3. Enter the code that best describes your organization from the choices provided.

# SUBMISSION OF THE STATE OF NEW JERSEY W-9/QUESTIONNAIRE

Mail or fax completed forms to The Office of Management and Budget (OMB):

OMB-Vendor Control Unit PO Box 221 Trenton, NJ 08625-0221

Fax: (609) 984-5210

### **ACCESSING YOUR ACCOUNT INFORMATION**

Details regarding specific payments, similar to a check stub, may be obtained over the internet through the Vendor Payment Inquiry (VPI) system. To access VPI, users must first create a 'MyNewJersey' portal account.

Begin by logging onto the State of New Jersey's web page, <a href="http://www.state.nj.us">http://www.state.nj.us</a> and creating a log in and password (click on the 'register' link under the 'home' tab). Once the 'MyNewJersey' portal account has been established, users will have to sign up for the VPI application by clicking the 'enroll here' button on our website, <a href="https://www20.state.nj.us/TYM">https://www20.state.nj.us/TYM</a> VPI/

The online tutorial for VPI can be found at <a href="https://www20.state.nj.us/treasury/omb/TYM\_VPI/docs/GettingStarted.pdf">https://www20.state.nj.us/treasury/omb/TYM\_VPI/docs/GettingStarted.pdf</a>
VPI provides two years of historical data (such as issuing agency, payee reference, payment amount, payment date, etc) and allows for the review of scheduled payments.

	Establish New Vendor	Establish Add	litional Remittance Address	Change Re	emittance Address	
		S7	TATE OF NEW JERSEY			
		W-9/QUESTIONNAI	RE FOR NON-PROCUREMEN	T VENDORS		
	TE OF NEW JERSEY REQUIRES THE ATION IS USED TO POPULATE AND NOTE: PROCUREMEN	MAINTAIN THE STATE'S		T BE COMPLETED BEFOR	E PAYMENTS ARE MADE.	
·					Return completed form to: OMB VENDOR CONTROL PO BOX 221	
PART I. REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION				TRENTON, NJ 08625 or FAX: (609) 984-5210		
1. Name (as shown on your tax return):						
Doing business as (if different than name):						
2. Address:						
3. Cit	y:	State:	Zip:			
If t	he above contains preprinted	I data that is incorred	t, cross it out and write the	e correct information	immediately next to it.	
4. Taxpayer Identification Number (TIN) Enter your TIN below and check the type of number listed.						
			SOCIAL SECURITY NUMBER			
			EMPLOYER IDENTIFICATION NU	MBER		
5. Exemptions (codes apply only to certain entities, not individuals; see IRS Form W-9 instructions page 3):						
Exempt payee code (if any) Exemption from FATCA reporting code (if any)						
6. 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 US person as defined by the IRS.						
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						
of underreported interest or 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 IRA, and generally payments other than interest or dividends, you are not required						
	ign the certification, but you must p		, 5 ,, ,		,,	
Sign	Signature		Date			
PART II. VENDOR/PAYEE DATA: STATE OF NEW JERSEY VENDOR/PAYEE INFORMATION QUESTIONNAIRE						
NOTE: PROCUREMENT VENDORS SHOULD REGISTER AT NISTART.GOV.						
1. Enter the code from the list below that best describes your primary business function:						
	NON-PROCUREMENT PAYEES:					
	AC=AUTHORITY/COMMISSION	CF=CONFIDENTIAL FUND	PC=PETTY CASH SD=SCHOO	OL DISTRICT FA=FEDERA	AL AGENCY FD=FIRE DISTRICT	
	CM=COUNTY/MUNICIPALITY	EP=NJ STATE EMPLOYEE	SA=STATE AGENCY WB=WELF	ARE BOARD CU=STATE (	COLLEGE/UNIVERSITY	
	OTHER PAYEES:					
	OT=OTHER VENDOR (PLEASE SPEC	IFY)				
2.						
Name:		_Phone:	Email: _			
Please check here if you are interested in receiving information about payments by direct deposit.						
IF YOU A	RE A NJ STATE EMPLOYEE, NJ MANA	GER OF A CONFIDENTIAL F	UND OR PETTY CASH FUND, DO N	OT ANSWER THE BALANC	E OF THE QUESTIONAIRE.	
3.						
٠.	Enter the code from the list be	low that best describes	your organization			
	Enter the code from the list be  C=CORPORATION I=		your organization INERSHIP L= LIMITED LIABIL	ITY COMPANY G=GO	VERNMENT	