

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) 633-0783 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 no preprinted data, 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 contains preprinted data and the preprinted information is not 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, NJ.GOV 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, https://www.tyomb.state.nj.us/TYM_VPI/home.

The online tutorial for VPI can be found at https://www.tyomb.state.nj.us/treasury/omb/TYM_VPI/docs/GettingStarted.pdf 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 Additional Remittance Address

 Change Remittance Address

STATE OF NEW JERSEY

W-9/QUESTIONNAIRE FOR NON-PROCUREMENT VENDORS

THE STATE OF NEW JERSEY REQUIRES THE FOLLOWING INFORMATION TO ESTABLISH YOUR NAME, ADDRESS, AND TAXPAYER ID ON STATE RECORDS. THE INFORMATION IS USED TO POPULATE AND MAINTAIN THE STATE'S VENDOR/PAYEE FILE AND MUST BE COMPLETED BEFORE PAYMENTS ARE MADE.

NOTE: PROCUREMENT VENDORS SHOULD NOT COMPLETE THIS FORM BUT SHOULD REGISTER AT NJSTART.GOV.

IMPORTANT: YOU WILL NOT BE PAID BY THE STATE OF NEW JERSEY UNTIL THIS FORM IS COMPLETED, SIGNED, AND RETURNED. FOR ADDITIONAL INFORMATION CALL (609) 633-0783 OR EMAIL: AAIUNIT@TREAS.NJ.GOV.

Return completed form to:
OMB VENDOR CONTROL
PO BOX 221
TRENTON, NJ 08625 or
FAX: (609) 984-5210

PART I. REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

1. Name (as shown on your tax return):

Doing business as (if different than name):

2. Address:

3. City: State: Zip:

If the above contains preprinted data that is incorrect, cross it out and write the 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 NUMBER

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 to sign the certification, but you must provide your correct TIN.

Sign Here	Signature _____	Date _____
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PART II. VENDOR/PAYEE DATA: STATE OF NEW JERSEY VENDOR/PAYEE INFORMATION QUESTIONNAIRE

NOTE: PROCUREMENT VENDORS SHOULD REGISTER AT NJSTART.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=SCHOOL DISTRICT FA=FEDERAL AGENCY FD=FIRE DISTRICT
 CM=COUNTY/MUNICIPALITY EP=NJ STATE EMPLOYEE SA=STATE AGENCY WB=WELFARE BOARD CU=STATE COLLEGE/UNIVERSITY

OTHER PAYEES:

OT=OTHER VENDOR (PLEASE SPECIFY) _____

2. Primary Contact Information (ALL FIELDS ARE REQUIRED):

Name: _____ Phone: _____ Email: _____

Please check here if you are interested in receiving information about payments by direct deposit.

IF YOU ARE A NJ STATE EMPLOYEE, NJ MANAGER OF A CONFIDENTIAL FUND OR PETTY CASH FUND, DO NOT ANSWER THE BALANCE OF THE QUESTIONNAIRE.

3. Enter the code from the list below that best describes your organization

C=CORPORATION I=INDIVIDUAL P=PARTNERSHIP L= LIMITED LIABILITY COMPANY G=GOVERNMENT

IMPORTANT: ANSWER ALL QUESTIONS (PRINT CLEARLY OR TYPE)