

STATE OF NEW JERSEY W-9/QUESTIONNAIRE INSTRUCTIONS
DCF BATCH INTERFACE/UPLOADS

The enclosed form is required by the State of New Jersey's Comprehensive Financial System, and must be completed by 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. Please answer ALL questions and print clearly. If you have questions or need assistance completing the form, please contact DCF Office of Accounting at (609) 888-7150 or via email: dcfaccounting@dcf.state.nj.us.

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.

For 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, and zip code, and sign and date the form under question number five.

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

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 and sign and date the form under question five.

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 principle activity of your organization from the choices provided.

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

SUBMISSION OF THE STATE OF NEW JERSEY W-9/QUESTIONNAIRE FOR DCF BATCH INTERFACES

Mail or fax completed forms to:

DCF - Office of Accounting
PO Box 717
50 E. State St. 7th Floor
Trenton, NJ. 08625
Fax: (609) 292-1137 or (609) 633-8519

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, <http://www.state.nj.us> 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://www20.state.nj.us/TYM_VPI/

The online tutorial for VPI can be found at https://www20.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.

**STATE OF NEW JERSEY
DCF BATCH INTERFACE/UPLOADS
W-9/QUESTIONNAIRE**

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.

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) 888-7150 OR EMAIL: DCFACCOUNTING@DCF.STATE.NJ.US.

Return completed form to:
DCF - Office of Accounting
PO Box 717
50 E. State St. 7th Floor
Trenton, NJ. 08625
Fax: (609) 292-1137 or
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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 line 1:

Address line 2:

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 select the type of number listed.

- ☐ SOCIAL SECURITY NUMBER
☐ EMPLOYER IDENTIFICATION NUMBER

5. 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

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

1. Enter the code from the list below that best describes your primary business function:

VENDORS

VG=VENDORS WHO SELL OR MANUFACTURE GOODS

HC=HEALTHCARE SERVICES (NON STATE AGENCIES)

VS=VENDORS WHO RENDER SERVICE OR RECEIVE RENT PAYMENTS

LG=LEGAL SERVICES

CS=CONSTRUCTION VENDORS WHO RENDER SERVICES

CG=CONSTRUCTION VENDORS WHO SELL OR MANUFACTURE GOODS

GOVERNMENT ENTITIES

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

EXCEPTION: DCF BATCH INTERFACE

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. What is the principle activity of your organization?

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M=MANUFACTURING

H=HEALTH RELATED SERVICE

C=CONSTRUCTION

L=LEGAL

S=SERVICE

G=GOVERNMENT

O=OTHER (PLEASE SPECIFY) _____

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

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C=CORPORATION

I=INDIVIDUAL

P=PARTNERSHIP

L=LIMITED LIABILITY COMPANY

IMPORTANT: ANSWER ALL QUESTIONS (PRINT CLEARLY OR TYPE)