☐ **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) 633-8183 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

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:

B | P

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 QUESTIONAIRE.

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

I

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

IMPORTANT: ANSWER ALL QUESTIONS (PRINT CLEARLY OR TYPE)