

## W-9/ QUESTIONNAIRE INSTRUCTIONS

The enclosed form, required by the State of New Jersey Centralized Accounting System, must be completed by Vendors who intend to do business with the State of N.J. or by State employees who are seeking reimbursement for travel or training expenses.

### PART I NAME/ADDRESS

Part 1 is a W-9 form as required by the Internal Revenue Service to verify the name, address and federal identification number for payees who may receive a 1099.

If the information is correct, sign and date the form on line 6.

If the name and address is not correct, make any changes in the box to the right of the name and address.

If the taxpayer identification is incorrect (line 4), enter the correct number in the box to the right of the number. If the number is the social security number, place an X in that box. If the number is an employer identification number, place an X in that box.

### PART II VENDOR DATA

Section 1. For the vendor listed in Part 1, place in the block the two character code that best describes the business function or type of governmental entity.

Section 2. Print the phone number, name and title of the individual completing the form.

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.

- Section 3. - If the vendor listed in Part 1 manufactures goods, place an "M" in the block.  
- If the vendor listed in Part 1 renders a service, place an "S" in the block. This pertains to services other than health related services.  
- If the vendor listed in Part 1 renders a health related services, place a "H" in the block.  
- If the vendor listed in Part 1 is a governmental agency, place a "G" in the block.  
- If the vendor listed in Part 1 provides construction related services and/or materials, place a "C" in the block  
- If the vendor listed in Part 1 does not belong in the five previous categories, place the letter "0" in the block and print the principal activity of your organization.
- Section 4. - If the vendor listed in Part 1 is a corporation, place a "C" in the block.  
- If the vendor listed in Part 1 is an association, place an "A" in the block.  
- If the vendor listed in Part 1 is a sole proprietorship, place an "I" in the block  
- If the vendor listed in Part 1 is a joint venture place a "J" in the block.  
- If the vendor listed in Part 1 is a partnership, place a "P" in the block.  
- If the vendor listed in Part I does not belong to the five previous categories, place the letter "0" in the block and print the business structure of your organization.
- Section 5. - For the vendor with a N.J Address listed in Part 1, code the four digit County Municipality code that pertains to the address. Codes are listed in alphabetical order by county on the back of the W-9 form.

After the form is signed and completed, please return it to the following address:

OMB VENDOR CONTROL UNIT  
PO BOX 221  
TRENTON, NJ 08625  
(609) 292-4882

or fax to:

**STATE OF NEW JERSEY  
W-9 QUESTIONNAIRE**

THE STATE OF NEW JERSEY REQUIRES COMPLETION OF THE W-9 VENDOR QUESTIONNAIRE TO VERIFY/ESTABLISH YOUR NAME, ADDRESS, AND TAXPAYER ID ON STATE RECORDS. PLEASE REVIEW THE INFORMATION BELOW, CORRECT ERRORS, AND ANSWER THE QUESTIONS PER SPECIFIC INSTRUCTIONS. RETURN THE COMPLETED FORM TO THE STATE IN THE ENVELOPE PROVIDED AS SOON AS POSSIBLE.

**IMPORTANT:**

**YOU WILL NOT BE PAID BY THE STATE OF NEW JERSEY UNTIL THIS FORM IS COMPLETED, SIGNED, AND RETURNED TO THE STATE OF NJ. FOR ADDITIONAL INFORMATION CALL (609) 292-8124.**

**PART I.  
NAME/ADDRESS**

**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

Return completed form to:  
**OMB VENDOR CONTROL  
PO BOX 221  
TRENTON, NJ 08625  
FAX:(609)-292-4882**

**(REMIT TO:)**

Enter your taxpayer identification number and indicate whether it is a social security or employee identification number by marking the appropriate box.

**Make any corrections to the pre-printed data in the space provided below. Please type or print clearly.**

**4. Taxpayer Identification Number (TIN)**

(Enter your correct TIN below ONLY if it differs from the # printed in the box.)

MARK THE APPROPRIATE BOX:

SOCIAL SECURITY NUMBER

EMPLOYEE IDENTIFICATION NUMBER

Internal Use  
Only

**5. For Employees Exempt From Backup Withholding**  
(Contact the IRS for instructions)

**Requester's name and address (optional)**

**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 been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

**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, the acquisition or abandonment of secured property, cancellation of debt, contributions to an IRA, and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Please Sign Here

**Signature > \_\_\_\_\_ Date > \_\_\_\_\_**

**PART II. VENDOR DATA**

**STATE OF NEW JERSEY VENDOR INFORMATION QUESTIONNAIRE**

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

**VENDORS**

- HC = HEALTH CARE SERVICE (NON-STATE AGENCIES)
- VG = VENDORS WHO SELL OR MANUFACTURE GOODS
- VS = VENDORS WHO RENDER A SERVICE OR VENDORS WHO RECEIVE RENT PAYMENTS

**GOVERNMENTAL ENTITIES**

- AC = AUTHORITY/ COMMISSION
- CF = CONFIDENTIAL FUND
- CM = COUNTY/MUNICIPAL GOVT.
- CU = STATE COLLEGE/UNIVERSITY
- EP = NJ STATE EMPLOYEE
- FA = FEDERAL AGENCY
- FD = FIRE DISTRICT
- PC = PETTY CASH
- SA = STATE AGENCY
- SD = SCHOOL DISTRICT
- WB = WELFARE BOARD

**MISCELLANEOUS VENDORS**

OT = OTHER MISCELLANEOUS VENDORS (PLEASE SPECIFY) \_\_\_\_\_

**2. Enter Primary Contact Information Below.**

**PHONE: \_\_\_\_\_ NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_**

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

**3. What is the principle activity of your organization?**

- M = MANUFACTURING
- S = SERVICE
- H = HEALTH RELATED SERVICE
- G = GOVERNMENT
- C = CONSTRUCTION SERVICE AND/OR MATERIALS
- O = OTHER (Please Specify) \_\_\_\_\_

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

- C = CORPORATION
- A = ASSOCIATION
- I = INDIVIDUAL
- J = JOINT
- P = PARTNERSHIP
- O = OTHER (Please Specify) \_\_\_\_\_

**5. Enter your 4 digit County/Municipality Code for NJ Addresses ONLY.**

**IMPORTANT: ANSWER ALL QUESTIONS (Please Print or Type Clearly)**

