

INSTRUCTIONS FOR STATE OF NEW JERSEY W-9/QUESTIONNAIRE FOR DIVISION OF RISK MANAGEMENT (DRM) PAYROLL RECIPIENTS

The enclosed form is required by the State of New Jersey's Comprehensive Financial System, and must be completed by a WCPS payee. Please answer ALL questions and print clearly. If you have questions or need assistance completing the form, please contact Risk Management at (609) 984-7517.

Select the appropriate action that you are requesting. For a payee that is registering for the first time, select 'Establish New Payee.' For a payee that has been previously established within the accounting system and wants 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 payees.

Questions 1-4:

Fill out the form with the payee's name (as shown on your tax return), address, city, state, zip code, and Social Security Number. Sign and date the form under question number six (6).

Question 5: Individuals skip to No. 6.

Question 6: Sign and date the form.

PART II. WCPS PAYEE DATA: STATE OF NEW JERSEY DRM PAYEE INFORMATION QUESTIONNAIRE

1. Enter the payee code.

2. Print the name, phone number, and e-mail address of the primary contact person for the vendor listed in Part One.

3. Enter the code "I" if not auto-filled.

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

Mail or fax completed forms to the Division of Risk Management (DRM):

DRM-WCPS Payee W9/ACH Forms PO Box 620 Trenton, NJ 08625-0620

Fax: (609) 292-2437

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 <u>https://www20.state.nj.us/treasury/omb/TYM_VPI/docs/GettingStarted.pdf</u> 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.

E	Establish New Payee	Establish Additional Remittance Address	Change Rer	nittance Address	
STATE OF NEW JERSEY					
W-9/QUESTIONNAIRE FOR RISK MANAGEMENT PAYROLL RECIPIENTS					
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.					
		THE STATE OF NEW JERSEY UNTIL THIS FORM IS COMPLET		Return completed form to:	
			ED, SIGNED,	DRM WCPS PAYEE W9 FORM	
AND RETU	JRNED. FOR ADDITIONAL INFORM	MATION CALL (609) 984-7517.		PO BOX 620	
				TRENTON, NJ 08625-0620	
PART I.	PART I. REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION			or FAX: (609) 292-2437	
1 Nor	1. Name (as shown on your tax return):				
1. Name (as shown on your tax return).					
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) - Individuals enter your SSN in box below:					
SOCIAL SECURITY NUMBER					
5. Exemptions (INDIVIDUALS SKIP TO NO. 6. codes apply only to certain entities, not individuals; see IRS Form W-9 instructions page 3)					
5. Exemptions (INDIVIDUALS SKIP TO NO. 6. codes apply only to certain entities, not individuals; see its Form w-9 instructions page 3)					
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				
	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 sig	n the certification, but you must pro	ovide your correct TIN.			
Sign	Signature	Date			
Here					
PART II. WCPS PAYEE DATA: STATE OF NEW JERSEY DRM INFORMATION QUESTIONNAIRE					
1	1. Enter the code from the list below that best describes the payee:				
1.	NON-PROCUREMENT PAYEES:				
	WC=WORKERS' COMPENSATION PAYEE				
	WD=DEPENDENT PAYEE				
2. Primary Contact Information (ALL FIELDS ARE REQUIRED):					
Name: _		Phone: Email:			
3. Enter the code the code 'I' if not auto-filled.					
I=INDIVIDUAL					
IMPORTANT: ANSWER ALL QUESTIONS (PRINT CLEARLY OR TYPE)					
				DRM W9 WCPS REVISED 10/17	