

Instructions for completing the City of Albuquerque Modified W-9 Supplier Form

Start by verifying you have the correct form. The form can be found at: <https://www.cabq.gov/dfa/onlineservices/modified-w9-supplier-form>

Please complete the form in its entirety. If any sections of the form are not completed, it will not be accepted and will be returned to the submitter. The City of Albuquerque complies with IRS regulations and is required to obtain a W-9 form from all entities who do business with the City of Albuquerque. The City will not issue payments unless the proper Modified W9 form is completed fully and submitted.

Section 1 - Contact information and Taxpayer Identification Number

- For Name field, type or write your full name as it appears on your income tax return
- For Business Name field, type or write your business’s name as it appears on your corporate tax return. If not, leave it blank.
- For Primary Address field, type or write the business/your physical address.
- For Remittance Address field, type or write the remittance address if different from Primary Address
- For Phone field, type or write the phone number including area code: 555-555-5555
- For Email Address field, type or write email address
- Taxpayer Identification number section, Fill in your Social Security Number or Taxpayer Identification Number or Employer Identification Number used on the tax return. Fill in the section that applies to you and make sure to only put one number in each box.
 - If you are an individual, type or write your social security number in the appropriate space.
 - If you are a resident alien, sole proprietor, or disregarded entity, type or write your Taxpayer Identification Number.
 - For all other entities, you will need to fill in your Employer Identification Number.
 - If you have a TIN/EIN/SSN but cannot remember it, you can call the IRS at (800) 829-1040 or the Social Security Administration at 800-772-1213.
- Tax classification section, select the description that correlates with your business:

| If the entity/person listed in the Name Field | Then check the box for |
|--|--|
| Corporation | Corporation |
| Individual | Individual/sole proprietor or singlemember LLC |
| Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes | Individual/sole proprietor or singlemember LLC |

| If the entity/person listed in the Name Field | Then check the box for |
|---|---|
| LLC treated as a partnership for U.S. federal tax purposes, or | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C Corporation; or S= S Corporation) |
| LLC that has filed Form 8832 or 2553 to be taxed as a corporation, | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C Corporation; or S= S Corporation) |
| LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C Corporation; or S= S Corporation) |
| Partnership | Partnership |
| Trust/estate | Trust/estate |

Section 2: Business Demographics

- Please check the fields that apply (do not leave section blank – select “None of the Above Categories Apply” if applicable)

Section 3: Purchase Orders

- Enter contact information to receive electronic POs.

Section 4: Certification Section

- Be sure to read over the “Certification” then sign your legal name and include the date. (Electronic Signatures are accepted). By signing you are certifying that the information provided is correct.

Upon completion of the form please email to: supplierssetup@cabq.gov or click the “Submit Form” button (only works if document was electronically signed), which will generate an email.

Questions

Please contact Jackie Mendoza by phone at 505-768-2953 or email at jmendoza@cabq.gov with any questions.