



### CITY OF ALBUQUERQUE MODIFIED W-9 INSTRUCTIONS STEP-BY-STEP

To register as a supplier with the City of Albuquerque, you must complete the City's modified W-9 form using the instructions below. This version of the form is required for entry into our procurement system.

Please follow the steps outlined below carefully.

**STEP 1:**

Scan the QR code or click on the link below to access the Modified W-9 Form on DocuSign.



← **SCAN**  
or  
**CLICK** → [DocuSign Modified W-9](#)

**STEP 2:**

The screenshot shows the DocuSign interface for the Modified W-9 form. At the top, there is a header with the City of Albuquerque logo and a 'Begin Signing' button. The main content area is titled 'PowerForm Signer Information' and contains the following text: 'This link allows you to send an electronically signed W9 to the City of Albuquerque's Supplier Setup. Please enter your name and email to begin the signing process.' Below this, there are two sections: 'Supplier' and 'City of Albuquerque Department Contact'. Each section has fields for 'Your Name: \*' and 'Your Email: \*'. A red circle highlights the 'City of Albuquerque Department Contact' fields. Annotations include: 1. A box on the left with '1' and 'INSERT YOUR FULL NAME AND EMAIL ADDRESS HERE' with an arrow pointing to the 'Your Name' field. 2. A box on the right with '2' and 'INSERT Name: Sarah Supple Email: ssupple@cabq.gov' with an arrow pointing to the 'Your Name' field. 3. A box at the bottom with '3' and 'CLICK HERE' with an arrow pointing to the 'Begin Signing' button.

STEP 3:

1

CLICK HERE

City of Albuquerque

Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures. \*

Change Language - English (US) ▾

Other Options ▾ **Continue**

2

CLICK HERE

STEP 4:

DocuSign Envelope ID: 1DE5827F-8D70-40E7-86DE-D6556C8D24EE

ONE ALBUQUERQUE City of Albuquerque

Request for Supplier Information

Substitute Form **W9**  
Department of Finance and Administrative Services

Start

**SECTION 1: CONTACT INFORMATION AND TAXPAYER IDENTIFICATION NUMBER**

NAME (as shown on your income tax return). Please be prepared on this line - do not leave this line blank.

BUSINESS NAME (if separate entity name, if different from above)

PRIMARY ADDRESS (number, street, and apt or suite no.)

REMITTANCE ADDRESS (number, street, and apt or suite no.)

CITY, STATE, and ZIP CODE

REMITTANCE CITY, STATE, and ZIP CODE

PHONE

EMAIL ADDRESS

SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER New Mexico CRS TAX ID (if applicable)

TAX CLASSIFICATION (check only one)

INDIVIDUAL/SOLE PROPRIETOR or single-member LLC  C CORPORATION  S CORPORATION

PARTNERSHIP  TRUST/ESTATE

LIMITED LIABILITY COMPANY-- Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership)

NOTE: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

501(C)(3)/NON-PROFIT ORGANIZATION  OTHER (SEE INSTRUCTIONS)

EXEMPTIONS (codes apply to certain entities, not individuals; see instructions)

EXEMPT PAYEE CODE (if any)

EXEMPTION FROM FATCA REPORTING CODE (if any)

**SECTION 2: BUSINESS DEMOGRAPHICS (CHECK ALL THAT APPLY)**

Local Business - Headquartered and maintains its principal office and place of business within the Greater Albuquerque Metropolitan Area (City of Albuquerque or Bernalillo County).

Doing Business Locally - Either not headquartered or does not maintain its principal office and place of business here, but maintains a storefront in the Greater Albuquerque Metropolitan Area and employs one or more City of Albuquerque or Bernalillo County residents.

Woman Owned Business - At least 51% owned and controlled by one or more women, in the case of a publicly-owned business, at least 51% of the stock of which is owned by one or more women.

Minority Business Enterprise (MBE) Owned - At least 51% owned and controlled by one or more racial/ethnic minorities or, in the case of a publicly-owned business, at least 51% of the stock of which is owned by one or more racial/ethnic minorities. Please specify the race/ethnicity of minority owners (question to the right).

LGBTQ+ Owned Business - At least 51% owned and controlled by one or more LGBTQ+ individuals, in the case of a publicly-owned business, at least 51% of the stock of which is owned by one or more LGBTQ+ individuals.

None of the Above Categories Apply

If your business is MBE-owned, please specify the race/ethnicity of minority owner(s). Check all that apply:

Hispanic American

Native American

Black or African American

Asian-Indian American

Asian-Pacific American

**SECTION 3: PURCHASE ORDERS (COMPLETE ONLY IF YOU ACCEPT POs)**

ELECTRONIC POs AND INVOICES (select one)

Transcept (preferred method)

Email

PO CONTACT INFORMATION

FULL NAME

EMAIL ADDRESS

**SECTION 4: CERTIFICATION**

SELECT A TAX CLASSIFICATION

NAME AS SHOWN ON YOUR INCOME TAX RETURN MUST BE EXACTLY AS LISTED WITH THE IRS.

PRIMARY ADDRESS IS YOUR PHYSICAL LOCATION.

REMITTANCE ADDRESS IS YOUR MAILING ADDRESS.

PLEASE FILL OUT THE ENTIRE ADDRESS IN BOTH SECTIONS, EVEN IF IT IS THE SAME.

INSERT SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER

STEP 5:

Substitute Form **W9**  
Department of Finance and Administrative Services

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REMITTANCE ADDRESS (number, street, and apt or suite no.)

CITY, STATE, and ZIP CODE

REMITTANCE CITY, STATE, and ZIP CODE

PHONE

EMAIL ADDRESS

SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER New Mexico CRS TAX ID (if applicable)

TAX CLASSIFICATION (check only one)

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Transcept (preferred method)

Email

PO CONTACT INFORMATION

FULL NAME

EMAIL ADDRESS

**SECTION 4: CERTIFICATION**

**Finish**

CLICK FINISH WHEN FORM IS COMPLETE!