BPS Business Office
"Giving Kids a Helping Hand"

Purchasing – Adding a Vendor (Substitute W-9)

Overview: To add or update a vendor:

- Fill out the requester section at the bottom of the form (blue box)
- Send a copy of the Substitute W-9 to the vendor
- Vendor fills out the sections in yellow
- Vendor returns to Purchasing Specialist or to bookkeeper, who will forward form to Purchasing Specialist

BERNALILLO PUBLIC SCHOOLS

Substitute W-9 **VENDOR INFORMATION FORM** **Do Not Send to IRS**

Vendor Information / Update, Taxpayer Identification Number, Certification

A PURCHASE ORDER TO ALL VENDORS IS REQUIRED PRIOR TO ORDERING GOODS OR SERVICES

TYPE OR PRINT LEGIBLY, CHECK THE APPROPRIATE BOX(S) BELOW. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION

☐ New Vendor Request (Fill section 1,2,3,5,7,8,9,10,11,12,13)
☐ Add Remittance Address (Fill section 1,2,3,8,9,10,11,12,13)
☐ Add DBA / Trade Name (Fill section 1,2,3,6,9,10,11,12,13)
☐ Change DBA / Trade Name (Fill section 1,2,3,6,9,10,11,12,13)
☐ Change Primary Address (Fill section 1,2,3,7,9,10,11,12,13)
☐ Change Remittance Address (Fill section 1,2,3,8,9,10,11,12,13)

1) Taxpayer Identification Number (TIN# - 9 digits) ☐ SSN ☐ FEIN

2) NM CRS ID# Optional (11-digits) ____ - ____ - 00 - ___

3) Current Legal Name as registered with IRS or SSA

4) New Legal Name as registered with IRS or SSA

5) Current DBA / Trade Name Enter doing business as (DBA) If different from above.

6) New - Add DBA / Trade Name

7) Primary Address Official Address where correspondence, purchase orders or 1099's should be sent ☐ Change
Address 1
Address 2
City State Zip
Phone Fax
Website

8) Remittance Address ☐ Same as Primary ☐ Change
Additional address to mail payments
Address 1
Address 2
City State Zip
Phone Fax
Website

9) Entity Designation (check only one) **REQUIRED**
☐ Individual / Sole Proprietorship or single-member LLC ☐ C Corporation
☐ Partnership ☐ S Corporation
☐ 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 not disregarded, do not check LLC, check the appropriate box in the line above for the tax classification of the single-member owner
☐ Exempt Payee Code (if any) ☐ Exempt FATCA Code (if any)

10) Category: Type of business/company

Type of goods or services

11) CERTIFICATON: Under penalties of perjury, I certify that:
1 The number shown on this form is my correct tax payer 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 Services (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 U.S. person.
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

12)
Printed Name: Printed Title:
Signature E-Mail
Name of Contact Person Date mmddyyyy:

THIS FORM MUST BE COMPLETED TO BE ENTERED AS A VENDOR
form must be signed (not typed) and current date

Please return by mail, fax or e-mail to:
mail to: **Bernalillo Public Schools**
560 S. Camino del Pueblo
Bernalillo, NM 87004
Fax to: (505) 867-7850
E-Mail to: jarchibeque@bernalillops.org

13) * **DO YOU ACCEPT PURCHASE ORDERS** Yes ☐ No ☐

BPS REQUESTOR - PLEASE COMPLETE THIS PORTION
Department/Site _____
Requestor's Name _____

Form is available on the iBPS Site

Purchasing - Forms