

# 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

(REMIT TO:)

### REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

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

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

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  
☐ 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)