



THE CITY OF ARTESIA NEW MEXICO

511 w. Texas Avenue

Po box 1310

Artesia, nm 88211-1310

(575) 746-3593

Mayor

(575) 748-8289

City Clerk

Vendor Packet Cover Letter

To: **Name:** _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: () _____ **Fax:** () - _____

Email: _____

Date: _____ **Time:**__ am pm

Number of pages including cover page: ____6____

We are required by our auditors to have the attached information on file for all vendors who do business with the City of Artesia.

A check of our vendor records show that our information on your company is incomplete as we do not have an employer ID number for your company. Please complete and return the attached information today so that we may complete payment transactions to your company. Thank You.

Attached you will also find credit and tax information for the City of Artesia.

**CITY OF ARTESIA
VENDOR INFORMATION FORM**

575-748-8285

PURCHASING DEPARTMENT PO BOX 1310
575-746-3886 (FAX)

ARTESIA, NM 88211-1310
E-MAIL: sgalvan@artesianm.gov

Please type or print with dark ink; circle correct responses; use toll free numbers where applicable.

Company Name: _____

List separately if you are a subsidiary of any firm. List separately if you have any subsidiaries.

Main Office Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Phone: () _____ Fax: () _____ E-Mail: _____

IF DIFFERENT THAN ABOVE, COMPLETE ALL APPLICABLE ADDRESSES:

For Bids or Quotes Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Phone: () _____ Fax: () _____ E-Mail: _____

For Purchase Orders Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Phone: () _____ Fax: () _____ E-Mail: _____

For Payment Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Phone: () _____ Fax: () _____ E-Mail: _____

In accordance with federal tax reporting standards, circle all that apply to your company.

TYPE OF BUSINESS: Corporation Partnership Sole Proprietor

Manufacturer Wholesaler Retailer Mfg. Rep.

Other: _____

**CITY OF ARTESIA
VENDOR INFORMATION FORM**

1. RETURN THE COMPLETED IRS FORM W-9.
2. FEDERAL TAXPAYER IDENTIFICATION NUMBER (EIN): _____ ***OR***
3. YOUR SOCIAL SECURITY NUMBER: _____
4. NEW MEXICO COMBINED REPORTING SYSTEM (CRS) NUMBER: _____
 (Apply to NM Taxation & Revenue Dept. PO Box 5374, Santa Fe, NM 87502-5374 505/827-0700)
 FOR SERVICES/PRODUCTS PROVIDED IN NEW MEXICO ONLY) Or E-mail: www.state.nm.us
5. DO YOU QUALIFY FOR 1099 STATUS? YES NO
 If Yes, Please Indicate type of 1099 below
 ___ Attorney ___ Medical ___ Non-Employee ___ Other Income ___ Rents
 ___ Royalties ___ Section 409A Deferrals ___ Section 409A Income ___ Utility Easement
6. DO YOU QUALIFY AS A SMALL BUSINESS? YES NO
7. DO YOU QUALIFY AS A MINORITY OWNED BUSINESS? YES NO
8. DO YOU QUALIFY AS A WOMEN-OWNED BUSINESS? YES NO
9. STATE YOUR IN-STATE PREFERENCE NUMBER: _____
 (Apply NM State Purchasing 505/827-0474) Or E-mail: www.state.nm.us
10. PROVIDE EVIDENCE FOR CONSIDERATION UNDER THE NEW MEXICO RECYCLED PRODUCTS ACT OR MANUFACTURED PRODUCTS STATUES.
11. LIST GENERAL CATEGORY(IES) OF PRODUCTS/COMMODITIES/SERVICES YOU ARE INTERESTED IN QUOTING:

I hereby certify that the information provided is true and accurate to the best of my knowledge.

Signature of Authorized Representative	Title
Print Name	Date

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Please print or type	Name (See Specific Instructions on page 2.)	
	Business name, if different from above. (See Specific Instructions on page 2.)	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2.

Social security number								

or

Employer identification number								

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)

List account number(s) here (optional)

Part III 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
3. I am a U.S. person (including a U.S. resident alien).

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 you have failed to report all interest and 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 individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate Instructions for the Requester of Form W-9.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

CAMPAIGN CONTRIBUTION DISCLOSURE FORM

Pursuant to Chapter 81, Laws of 2006, any prospective contractor seeking to enter into a contract with any state agency or local public body must file this form with that state agency or local public body. The prospective contractor must disclose whether they, a family member or a representative of the prospective contractor has made a campaign contribution to an applicable public official of the state or local public body during the two (2) years prior to the date on which the contractor submits a proposal or, in the case of a sole source or small purchase contract, the two (2) years prior to the date the contractor signs the contract, if the aggregate total contributions given by the prospective contractor, a family member or a representative of the prospective contractor to the public official exceeds two hundred and fifty dollars (\$250.00) over the two (2) year period.

ANY PROSPECTIVE CONTRACTOR MUST FILE THIS FORM WHETHER OR NOT THEY, THEIR FAMILY MEMBER, OR THEIR REPRESENTATIVE HAS MADE ANY CONTRIBUTIONS SUBJECT TO DISCLOSURE.

The following definitions apply:

“Applicable public official” means a person elected to an office or a person appointed to complete a term of an elected office, who has the authority to award or influence the award of the contract for which the prospective contractor is submitting a competitive sealed proposal or who has the authority to negotiate a sole source or small purchase contract that may be awarded without submission of a sealed competitive proposal.

“Campaign contribution” means a gift, subscription, loan, advance or deposit of money or other thing of value, including the estimated value of an in-kind contribution, that is made to or received by an applicable public official or any person authorized to raise, collect or expend contributions on that official’s behalf for the purpose of electing the official to either statewide or local office. “Campaign Contribution” includes the payment of a debt incurred in an election campaign, but does not include the value of services provided without compensation or un-reimbursed travel or other personal expenses of an individual who volunteer a portion or all of their time on behalf of a candidate or political committee, nor does it include the administrative or solicitation expenses of a political committee that are paid by an organization that sponsors the committee.

“Contract” means any agreement for the procurement of items of tangible personal property, services, professional services or construction.

“Family member” means spouse, father, mother, child, father-in-law, mother-in-law, daughter-in-law or son-in-law.

“Pendency of the procurement process” means the time period commencing with the public notice of the request for proposals and ending with the award of the contract to the cancellation of the request for proposals.

“Person” means any corporation, partnership, individual, joint venture, association or any other private legal entity.

“Prospective contractor” means a person who is subject to the competitive sealed proposal process set forth in the Procurement code or is not required to submit a competitive sealed proposal because that person qualifies for a sole source or a small purchase contract.

“Representative of a prospective contractor” means an officer or director of a corporation, a member or manager of a limited liability corporation, a partner of a partnership or a trustee of a trust of the prospective contractor.

DISCLOSURE OF CONTRIBUTIONS:

Contribution made by: _____ Relation to Prospective Contractor: _____

Name of Applicable Public Official: _____ Date contribution(s) Made: _____

Amount(s) of Contributions: _____

Nature of Contributions(s): _____ Purpose of Contributions(s): _____

Signature, Title, Date

--OR--

NO CONTRIBUTION(S) IN THE AGGREGATE TOTAL OVER TWO HUNDRED FIFTY DOLLARS (\$250.00) WRE MADE to an applicable public official by me, a family member or representative.

Signature, Title, Date



THE CITY OF ARTESIA NEW MEXICO

511 w. texas avenue

Po box 1310

Artesia, nm 88211-1310

(575) 746-3593

Mayor

(575) 748-8289

City Clerk

Date: _____

To Whom It May Concern:

Reference: Vendor Credit Information

Dear Sirs,

The City of Artesia offers the following information in order to apply for credit with your organization.

Company Name:

City of Artesia

Company Mailing Address:

PO Box 1310

511 N. Texas

Artesia NM 88211-1310

Telephone: 575-748-8285

Fax: 575-746-3886

Kind of Business:

Local Government

EIN #: 85-6000103

CRS #: 01-404280-00-0

Trade References:

Viking Office Products

PO Box 30488

Las Angeles, CA 90030-0488

800/421-1222

Parts Center, Inc. (NAPA)

PO Box 465

Artesia, NM 88211-0465

575/746-3597

Artesia Building Supply

1214 W. Main St.

Artesia, NM 88210

575/746-9681

Purchase Orders Required: > \$5,000.00 Yes

Sales Tax Exemption: Yes
(Except on Services & Construction)

Persons Authorized to Buy:

City of Artesia Purchasing Department

575/744-9985

Accounts Payable Department:

City of Artesia Accounts Payable

575/748-8286

505/748-8297 Fax

Payment Terms:

Net 30 days (encourage discounts) {13-1-158}

Net 21 days on construction {13-4-28}

Sincerely,

Aubrey Hobson, City Clerk