



## SUPPLIER PROFILE FORM & SUBSTITUTE W9

The Supplier Profile form is 3 pages. All sections of the form must be completed. Incomplete forms will be returned and may delay set up of supplier.

New \_\_\_\_ Change/Update \_\_\_\_ (please check one)

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶		
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Social security number	Employer identification number
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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<b>Remit to Address</b>		
Address		
City	State	Zip Code
Phone	Fax	Email
Payment Terms		

<b>Buy from Address (If different from remit)</b>		
Address		
City	State	Zip Code
Phone	Fax	Email

<b>ACH (ELECTRONIC Payment) Enrollment (REQUIRED FOR DIRECT DEPOSIT)</b>	
Financial Institution Information	
Bank Name:	
City:	State:
Nine-digit Routing number:	
Depositor Account Number:	
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving	
Payment Notification Email:	

**ID, SIC Codes, Reporting Elements**

State of Incorporation (If incorporated in the U.S.)

Country of Incorporation (if not incorporated in the U.S.)

Product or Services Description- Primary NAICS code:

2 digit (required)                      6 digit (optional)

To find a complete listing of NAICS codes, visit <http://www.census.gov/eos/www/naics/>**Businesses and Organizations Only – Ownership** U.S.-Owned Business (check all that apply) African American Owned Asian American Owned Hispanic American Owned Native American Owned Other Non-U.S. Owned Business (Foreign Company / Government Entity)*Note: IRS form W8- will need to be provided***Businesses and Organizations Only – Size and Type**

\*You may wish to review the definition for the below categories in the Federal Acquisition Regulation 19.7 or 52.219-8 ([www.arnet.gov/far](http://www.arnet.gov/far)). If you have difficulty ascertaining your size status please refer to SBA's website at ([www.sba.gov/size](http://www.sba.gov/size)) or contact your local SBA office.

*Notice:* Under 15 U.S.C.645 (d) any person who misrepresents its size status shall (1)be punished by a fine, imprisonment, or both; (2)be subject to administrative remedies; and (3)be ineligible for participation in programs conducted under the authority of the Small Business Act.

 Large business (500 or more employees) Certified as a Small business\* (*check all that apply*) *Small Disadvantaged Business* *Women Owned Small Business* *Certified by SBA HUBZone Small Business* *Veteran Owned Small Business* *Service Disabled Veteran Owned Small Business* *LGBTQ* *Other Small Business: Not in a category above* Educational Institution Historically Black or Minority College/University/Institution Other Non-Profit Organization or Business (under the U.S. Internal Revenue Code Section 501 and 503) Government Agency:  Local  State  Federal  Tribal**INTERNAL USE:**

\*\*\*A Sourcing Supply Chain managed supplier will not be set up without a required Sourcing Analyst approval below.

**Employee Requesting vendor set up:****Name:****Extension:****Sourcing Approval:****Name:****Extension:****Supplier Type: Check all that apply.** PeopleSoft  Maximo for PNM  Maximo for PNM-AFT  Maximo for PNM-RGS  Maximo for PNM-SJG Maximo for PNMR-CORP  Maximo for PNMR-RSRCE  Maximo for TNMP