

# Southeast New Mexico College

## Vendor Questionnaire Form

### Instructions:

This vendor questionnaire form is to be completed by vendors seeking to do business with SENMC. Incomplete forms will not be processed. Please print or type legibly. Return the completed form and W9 to:

Southeast New Mexico College  
Procurement Services  
1500 University Dr.  
Carlsbad, NM 88220  
Phone: 575-234-9200  
Email: [purchasing@senmc.edu](mailto:purchasing@senmc.edu)

### Section 1: Vendor Information

- **Tax Identification Number:** Enter the individual's or company's 9-digit tax identification number. Example: Social Security Number, Tax Identification Number, or Employer Identification Number.
- **SENMC #:** Enter SENMC ID number (if known).
- **Prior Name:** Enter prior name of individual or company.
- **Legal Name:** Enter legal name as it appears on your federal tax return. No nicknames, initials, or abbreviations are accepted.
- **Business Name or DBA:** Enter Business Name or Doing Business As name, if applicable.
- **Remit to Address:** Enter the address where mail is to be received.
- **Phone:** Enter phone number starting with the area code.
- **Email Address:** Enter email address.

### Section 2: Tax Information

If your answer is "YES" to being a United States citizen or company, continue to Section 3.

If your answer is "No" provide your nations name as well as proper documentation as listed in options 1 or 2, Internal Revenue Service Website (IRS) form W-8BEN form is available on the IRS website.

### Section 3: Business Types

Select only one business type.

### Section 4: Additional Business Types

Select all that apply. For vendor types with an asterisk (\*), attach copies of your certification for this category of business from the Small Business Administration (SBA) or other certifying agency.

### Section 5: Conflict of Interest

Questions must be answered regardless of the business type. If the answer to any question is "YES" you must provide details.

## Section 6: Independent Contractor Determination

To be completed by Individuals, Sole Proprietors, and Limited Liability companies. All questions must be answered with a "YES" or "NO" only. If "YES" an explanation must be added in the space provided next to the question.

## Section 7: Terms and Conditions

Read listed SENMC's terms and conditions. Print your name, sign your name and date. If you do not agree with SENMC's terms and conditions, please attach documentation with the proposed changes. Failure to agree to SENMC's terms and conditions may affect consideration of becoming a vendor, SENMC being the sole judge of this determination.

# Southeast New Mexico College

## Vendor Questionnaire Form

Instructions: This form is to be completed by vendors seeking to do business with SENMC and by vendors that require recertification. The form must be completed correctly for processing. Incomplete forms will not be processed. Please print or type legibly. **Return this form and W9 to SENMC Procurement Services 1500 University Dr. Carlsbad NM 88220. Phone 575-234-9200. Email [purchasing@senmc.edu](mailto:purchasing@senmc.edu).**

### SECTION 1

### VENDOR INFORMATION

Tax Identification Number: \_\_\_\_\_ SENMC ID# (if known): \_\_\_\_\_

Prior Name (if applicable): \_\_\_\_\_

Legal Name: (as shown on your Federal tax return): \_\_\_\_\_

Business Name or DBA: \_\_\_\_\_

Remit to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### SECTION 2

### TAX INFORMATION

Individuals ---- Are you a citizen of the United States? Yes No

Company ----- Is this a United States company? Yes No

**If you are not a US citizen or company, please select the correct box below and attach the required documents.**

Country of Origin: \_\_\_\_\_

- a) Permanent Resident Alien (For individuals)  
Permanent Resident Alien-Attach Copy of Green Card
  
- b) Non-Resident Alien (For foreign Individuals/company)  
Copy of Non-resident Alien's Visa, passport and IRS form W-8BEN Certificate of Foreign Status
  
- c) IRS form 8233 Exemption from withholding on Compensation for Independent Personal Services of a Non-Resident Alien Individual.

## VENDOR QUESTIONNAIRE (continued)

### SECTION 3

### BUSINESS TYPES

(Select one only)

Corporation

Federal or State Govt. Agency

Foreign Supplier

Individual

Partnership

Not-For-Profit Organization

Sole Proprietor

Limited Liability (type) \_\_\_\_\_  
(D=Disregarded entity C=Corporation P=Partnership)

Foreign Individual

### SECTION 4

### ADDITIONAL BUSINESS TYPES

(Select all that apply)

One-time payment

Small Disadvantaged  
Business\*

HUBZone Small Business\*

Minority Owned\*

Woman Owned Small  
Disadvantaged\*

Large Business

Historically Black College\*

Small Business

Veteran Owned Small  
Business\*

Large Disadvantaged  
Business\*

Native American Owned\*

Woman Owned Large  
Business\*

(\* ) Attach copies of your certification for this category of business from the SBA or other certifying authority.

### SECTION 5

### CONFLICT OF INTEREST

Are you an employee of SENMC? Yes No Department: \_\_\_\_\_

Is any immediate family member employed by SENMC? Yes No

If yes, list name: \_\_\_\_\_ Relationship: \_\_\_\_\_

To the best of your knowledge, are any officers, directors, trustees, partners, or any individual holding any position in management of this company, a member of the SENMC Board of Trustees, an immediate family member of the SENMC Board of Trustees, or an employee of SENMC? Yes No

If yes, details: \_\_\_\_\_

## VENDOR QUESTIONNAIRE (continued)

### SECTION 6 INDEPENDENT CONTRACTOR DETERMINATION

(To be completed by Individuals, Sole Proprietors and Limited Liability companies as indicated in response to section 3)

Select all that apply:

Travel

Speaker/Guest Lecture

Services \_\_\_\_\_

Reimbursement

Honorarium

Other \_\_\_\_\_

YES

NO

1. Will SENMC determine when, where, or how the work is to be performed? (If yes, please explain) \_\_\_\_\_
2. Will SENMC provide any training to the contractor or its employees? (If yes, please explain) \_\_\_\_\_
3. Are the services proposed in this contract currently being performed on the SENMC campus? (If yes, please explain) \_\_\_\_\_
4. Will any current SENMC employees be involved in performing any of the proposed services of this contract? (If yes, please explain) \_\_\_\_\_
5. Are the services proposed in this contract a continuation of work from a current or prior contract? (If yes, please explain) \_\_\_\_\_
6. Will the proposed services be performed on the SENMC campus? (If yes, please explain) \_\_\_\_\_
7. Will any SENMC owned property or equipment be used in the performance of the proposed services? (if yes, please explain) \_\_\_\_\_
8. Is Contractor allowed to provide the proposed services without a business license/ registration? (If yes, please explain) \_\_\_\_\_
9. Please describe the materials or services that you will be providing to SENMC?

## VENDOR QUESTIONNAIRE (continued)

### SECTION 7

### TERMS AND CONDITIONS

FEDERAL LAW REQUIRES SENMC TO OBTAIN THIS INFORMATION WHEN MAKING A REPORTABLE PAYMENT TO YOU. IF YOU DO NOT PROVIDE US WITH THIS INFORMATION, YOUR PAYMENTS MAY BE SUBJECT TO 28% FEDERAL INCOME TAX BACKUP WITHOLDING PENALTY IMPOSED BY THE IRS UNDER SECTION 6723.

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 REMEN=DIES; AND (3) BE INELIGIBLE FOR PARTICIPATION IN PROGRAMS CONDUCTED INDER THE AUTHORITY OF THE SMALL BUSINESS ACT.

I acknowledge that SENMC policy calls for issuance of an official SENMC Purchase Order signed by an authorized individual for all purchases except those accomplished with a SENMC Procurement Card prior to a purchase being made. Failure to obtain a SENMC Purchase Order prior to supplying goods or services may result in either delay of payment or non-payment.

Further, I acknowledge that information obtained in this questionnaire will be used to establish/update SENMC's database and that these changes may affect information in related databases such as student records or employee information.

CERTIFICATION: Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number matching the attached W9 (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 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), unless otherwise indicated herein. If not, complete IRS W-8BEN form.

BY SIGNING THIS FORM, THE SIGNEE CERTIFIES THE STATEMENTS ABOVE AND AGREES TO SOUTHEAST NEW MEXICO COLLEGE'S STANDARD TERMS AND CONDITIONS.

If you do not agree with SENMC's terms and conditions, please attach documentation with the proposed changes. Our legal department will review the proposed changes for determination. Failure to agree to SENMC's terms and conditions may affect consideration of becoming a vendor, SENMC being the sole judge of this determination.

Signing this form does not entitle the vendor to a preferred vendor status. Information on this form along with the W9 is used to set up a vendor in the SENMC's purchasing system.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_