



CITY OF ROSWELL

Independent Contractor Request Form

Applicant Information

Notice to Applicant

The City of Roswell is an Equal Opportunity Employer. All applicant information is public record with the exception of specific information excluded by the New Mexico Public Records Act. The City of Roswell Human Resources Office performs a criminal background report prior to the beginning of the contracted services. The contractor shall not perform any services without clearance from Human Resources.

Name: _____ DOB: _____

Email: _____ SSN#: _____ Phone: _____

Description of Services	Dates of Service	Total Fee	Payment Schedule
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Program Completion
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Program Completion
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Program Completion
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Program Completion

Please complete the following table with the description of the service or program that will be performed, the dates the service will run, and the total fee charged for the program. Multiple programs may be entered with one program per line. Attach additional sheets, if necessary.

By checking the boxes below, I agree and understand the following:

- The City of Roswell department will provide available space for the services to be performed.
- The fee for this contracted activity shall be mutually agreed upon by all parties. Payment for services will be made according to the payment schedule and rate indicated above according to City of Roswell purchasing regulations and procedures. I, the independent contractor, will submit an itemized invoice to the department for payment processing.
- The above named person is acting as an independent contractor to provide these services and is not a City of Roswell employee. The independent contractor is not eligible for any City of Roswell benefits, liability insurance coverage, or Workers' Compensation. The independent contractor is responsible for providing the necessary liability insurance, Workers' Compensation coverage, permits, licenses, and other items to perform the services. The independent contractor is responsible for any all liabilities to the State of New Mexico and/or the United States in regards to payment or provisions of the services described herein

Application Documents Included?

- Copy of front and back of Driver's License
- Support Staff Information Included
- W-9 Vendor Form
- City of Roswell Vendor Form

Independent Contractor Signature **Date**

Department Request Approval

- Services and Fee Agreed with Independent Contractor
- Application Documents Included

Department Approval **Date**

Human Resources Approval

RPD Background #: _____ Submitted: _____ Received: _____ Status: _____

Sterling Background #: _____ Submitted: _____ Received: _____ Status: _____

Approved: Yes Authorized for use through _____
 No

HR Approval Signature **Date**



PURCHASING DEPARTMENT
PO Box 1838, Roswell, NM 88202
PH. 575-637-6222
purchasing@roswell-nm.gov

VENDOR #:	
NTTC:	
1099:	

VENDOR INFORMATION FORM

All vendors must complete this form in full prior to doing business with the City of Roswell. Without this form and the W-9, a Purchase Order or Payment cannot be issued.

INSTRUCTIONS: (Please type or print legibly)

- Please attach current version signed W-9 Form (electronic: Adobe Certificate-Based or DocuSign) otherwise rejected
- Please provide the City Employee Name you are transacting with: _____
- What is your company providing, Material, Goods, Services, etc.? _____

BUSINESS INFORMATION (*indicates required*)

Federal Tax ID or SSN*: _____ New Mexico State ID: _____

Tax Class*: Individual/Sole proprietor | C Corp | S Corp | Partnership | LLC Type: ___ | Other: _____

Business Name*: _____ D/B/A: _____

Mailing Address*: _____

City / State / Zip*: _____

Contact Name*: _____ Title*: _____

Email*: _____ Phone*: _____

Email to Receive Purchase Orders*: _____

Website address: _____

Remit to*: _____

City / State / Zip*: _____

Accounts Receivables Contact Name: _____

Email*: _____ Phone*: _____

VENDOR TYPE* (Check the most appropriate type related to the type of service or goods you provide)

✓ Type	Code	✓ Type	Code	✓ Type	Code
CPA's, ACCOUNTANTS	ACCT	GOVERNMENT SERVICES	GOVT	PRODUCT / MATERIAL SUPPLIER	PROD
ADVERTISING	ADVE	HEATING & COOLING	HEAT	PROFESSIONAL SERVICES	PROF
ARCHITECTS	ARCH	LANDSCAPING / TRIMMING	LDSC	RENTS / LEASING	RENT
ARTISTS	ART	LEGAL / ATTORNEY / LAWYERS	LEGA	STREET CONSTRUCTION	STRE
BLDG / ROOF CONSTRUCTION	BLDG	MEDICAL SERVICES / VETRINARY	MED	SERVICES VENDOR	SRVC
ENGINEERS	ENG	PLUMBING SERVICES	PLUM	VEHICLE MAINT / REPAIR	VEHM
OTHER (please specify):	OTHR				

*A Year End 1099-Misc will be issued for Service or Construction Industry Vendors as per IRS Regulations *

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <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 </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: 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 not 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.</p> <p> <input type="checkbox"/> Other (see Instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See Instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <p>CITY OF ROSWELL PO BOX 1838 ROSWELL NM 88202</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: 1px solid black; text-align: center;">-</td> <td style="width: 46%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
OR					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: 1px solid black; text-align: center;">-</td> <td style="width: 73%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

Part II 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. citizen or other U.S. person (defined below); and
4. 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. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.