

NEW MEXICO SELF-INSURERS' FUND
P. O. Box 846
Santa Fe, New Mexico 87504-0846
1-800-432-2036
505-820-0670 Fax

To Whom It May Concern:

Federal regulations require us to obtain and report the accurate Taxpayer Identification Number (TIN) for recipients of certain types of payments. This information is reported each year to the Internal Revenue Service on Form 1099 MISC. Failure to receive and file accurate information can result in the withholding of 31% federal income tax from any future payments we would make to you, as well as other penalties.

In order to comply with IRS regulations and to avoid the need to withhold these taxes from any future payments to you, we are in the process of compiling and updating our TIN records.

Please provide the information requested below and return it to our office within 30 days or as soon as possible. While payments to corporations other than those providing medical and health care services are currently exempt, please provide the information to assure such payments are not reported.

Your cooperation is very much appreciated. Thank you.

Please complete the lower portion in full.

TAXPAYER ID NUMBER (Provide only one.)	
Federal Employer I.D. No.	Social Security No.
TYPE OF TAXPAYER (Check only one.)	
<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietor (Please provide SSN above)
<input type="checkbox"/> Individual	<input type="checkbox"/> Other (specify)

NAME/ADDRESS		
Name (as it matches IRS records)		
Address		
City	State	Zip Code

CERTIFICATION	
Signature	Title
Date	Telephone Number ()