
VENDOR ENROLLMENT PACKET

CONDUENT
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Contact Reference Guide “Who We Are”

CONDUENT (formerly Xerox, Inc.) has been contracted by the State of New Mexico to provide services as a Fiscal Management Agent (FMA) for participants in the Mi Via Program and members in the Self-Direction Program. CONDUENT (formerly Xerox, Inc.) has subcontracted portions of that contract to TNT Fiscal Intermediary (TNTFI) and FOCoS Innovations. As the FMA, one of our principal responsibilities is to assist participants and members in making payments to contractors and vendors for items authorized within the service and support plan (SSP).

You've received this packet because you currently are, or are about to become a vendor or contractor for a Mi Via participant or Self-Direction member. This packet contains the forms that are necessary for you to complete in order to get paid. **You must complete and return all of the required forms in this packet before you can become a vendor or contractor under the Mi Via or Self-Direction program and receive payment for your services.** We have provided instructions, illustrations, and additional information designed to assist you in this process. We have also included information you will need to know about the processes involved in reporting your hours and for you to get paid.

We understand that not every question can be covered in advance and CONDUENT is available to answer your questions. If you have questions, need additional information or otherwise need to contact CONDUENT regarding issues related to your employment through the Mi Via or Self-Direction program, please note the following contact information:

Mailing Address:

CONDUENT
PO Box 27460
Albuquerque, NM 87125-7460

Physical Address:

CONDUENT
1720-A Randolph Road SE
Albuquerque, NM 87106

Phone Numbers:

Toll Free – (866) 916-0310
Fax – (866) 302-6787

Email:

mi.via@conduent.com

Please do not send personal or protected health information via email.

Form Description and Checklist

_____ **Vendor Information Form (Required for all vendor/contractors/agencies).** This form will supply your basic demographic information to Conduent so we may establish your vendor record in our database.

_____ **Vendor Agreement (Required only if vendor will provide services.)** Not required if vendor is providing goods. This document establishes the particular details of your vendor/contractor relationship with each individual participant/member or participant/member representative that you work with. This agreement should be completed for all provider agencies, vendors, and contractors that are providing services to you. It is not required for certain services such as phone or internet and is not necessary for the purchase of most goods. If you are not certain whether you need to complete a vendor agreement, please contact Conduent for assistance.

_____ **Self-Directed Provider Attestation Form (Required).** This form summarizes the Centers for Medicare and Medicaid Services (CMS) Final Rule Requirements for Home and Community Based Services (HCBS) Providers and your certification of its compliance.

_____ **Federal W-9 Request for Taxpayer Identification Number (Required for all vendors).** Complete this form to notify us of your tax identification number for your business.

In addition, if you have already submitted a W-9 form in connection with provision of services to a different Self-Direction participant/member you do not need to submit a duplicate form. Please contact Conduent to confirm that a current W-9 form is already on file for your business.

_____ **Vendor Direct Deposit Authorization (Optional).** Complete this form if you would prefer to have your checks deposited directly to your bank account. The authorization form and voided check or bank letter must be submitted together.

_____ **Business or Service License (Required if providing services).** Please contact Conduent to confirm which may be required for the services provided.

_____ **Copy of Form SS-4 filed with the IRS or EIN Confirmation Letter (Required for Sole Proprietor).** This form may be required if we are unable to determine the proper federal tax classification from your Federal W-9.

You must complete and return all required forms to Conduent (formerly Xerox) before you can be paid through the Self-Direction program. In addition, please be aware that after Conduent has received and processed your enrollment documents, they may require that you provide additional information and/or complete a criminal background check.

Nature of Services Questionnaire

Vendor _____

Participant _____

	YES	NO
Besides the participant involved in this agreement, do you provide the same, or similar, services to other customers? How Many _____?	_____	_____
Do you solicit for new customers by advertising or other means? Website? Address: _____ Newspaper or yellow pages? _____ Other? _____	_____	_____
Do you have, or have you applied for, all State, Federal and local business licenses and or tax account numbers?	_____	_____
Are you free to determine your own means and methods for providing your services without direction from the participant other than for the desired results or outcomes?	_____	_____
Are you free to set your own work schedule (hours of work) within general parameters based on the participant's service plan?	_____	_____
Are you able to perform your services with little or no training or instruction from the participant other than outlining the desired results or outcomes?	_____	_____
Are you required to obtain professional or occupational licenses or certifications for the types of services you provide?	_____	_____
If so, do you have all required licenses or certifications?	_____	_____
Do you provide any tools and supplies that may be necessary to provide your services?	_____	_____

Please provide additional information for any "No" answers. Use additional pages if necessary:

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

Signature

Date



VENDOR INFORMATION FORM

Member/Participant Name: _____
Required (Last) (First) (MI)

Responsible Party's Name: _____
Required (Last) (First) (MI)

Vendor Name: _____
(Vendor Legal Name)

Vendor Assumed Business Name (if any): _____

Taxpayer Identification Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

County: _____

Business Phone: (____) _____ Cell Phone: (____) _____

Fax Number: (____) _____ Email Address: _____

What types of goods or services will be provided to the participant? _____

If providing services, what type of business is this? (please check one) This information will help us determine if additional documentation is required.

___ Corporation ___ LLC (multi-member) ___ LLC (single member) ___ LLP

___ Partnership ___ Sole Proprietorship ___ Government ___ Non-profit

Responsible Party/
Member/Participant Signature: _____ Date: _____

Vendor Signature: _____ Date: _____

PROVIDER AGENCY/VENDOR/CONTRACTOR AGREEMENT
Between Self-Direction Member/Participant/Employer of Record (EOR) and Provider

Self-Direction Medicaid Waiver

This signed agreement must be received by Conduent (formerly Xerox) before any payments can be issued to the provider agency/vendor/contractor for SERVICES. This agreement may not be required for certain services (for example, phone or internet services) and is not necessary for the purchase of most goods.

Please contact Conduent if you are not clear about when this agreement is necessary.

Please check the appropriate checkbox to indicate the purpose of this form

New Vendor

Vendor Pay (Rate) Change

Effective Date of Rate Change _____

The provider agency/vendor/contractor is contracted with the Self-Direction member/participant/EOR and works at the member/participant/EOR's direction. The provider agency/vendor/contractor and member/participant/EOR must follow the policies outlined below. This Agreement must be signed and a copy kept by the Self-Direction member/participant/EOR *and* the provider agency/vendor/contractor. Please send the signed Agreement to Conduent (formerly Xerox), the Self-Direction Financial Management Agent (FMA).

Provider/Vendor/Contractor Relationship with Medicaid

I am a current Medicaid-participating provider. Yes _____ No _____

If yes, I am a Medicaid-participating provider in good standing. Yes _____ No _____

If no, please explain _____

Provider Medicaid ID number (if applies) _____

Under 8.314.6.7 NMAC and 8.308.12 K. NMAC, a Legally Responsible Individual (LRI) is defined as any person who has a duty under state law to care for another person. This category typically includes: the parent (biological, legal or adoptive) of a minor child; the guardian of a minor child who must provide care to the child; or a spouse. State approval must be obtained in order for an LRI to be paid for providing Self-Direction services.

FOR ALL VENDORS/CONTRACTORS

Is the vendor/contractor legally responsible for the Self-direction member/participant?

____ YES ____ NO

Will the provider agency be hiring or subcontracting with a person who is legally responsible for the member/participant and who will then provide the service(s) to the member/participant?

____ YES ____ NO

If you answered yes to any of the questions, please indicate the name of the legally responsible person who will be providing the service(s) to the member/participant and mark the box that best describes the person's relationship to the member/participant.

Name _____

- Parent (biological, legal or adoptive) of member/participant who is a minor
- Guardian of member/participant who is a minor
- Spouse of the member/participant

If the person providing the service(s) is a Legally Responsible Individual (LRI) for the member/participant, State approval to be a paid provider must be submitted with the Provider Agency/Vendor/Contractor agreement. If the person will be a provider for more than one service, State approval must be submitted for each service.

Parties to Agreement

This Agreement is made on

(Date) _____, by and between

(Vendor name) _____, hereinafter called "provider agency"/ "vendor"/"contractor" and

(Member/Participant/EOR name) _____, hereinafter called "Member/Participant/EOR."

This Agreement will establish the rates for specific services and the responsibilities of the parties to each other.

Payment (service code, rate and quantity must be approved in the member/participant's budget.)

The provider agency/vendor/contractor shall be compensated for services at the following rate:

Service Code (from Self-Direction budget) _____
Rate per billing unit (please specify billing unit) \$ _____ per _____

Additional Service Code (if necessary) _____
Rate per billing unit (please specify billing unit) \$ _____ per _____

This agreement must be resubmitted for any change in rate or service code.

Activities (describe exactly what duties will be performed):

Duration of Agreement

This Agreement will be effective when both parties sign it. Either party may end this Agreement for the services planned herein at any time and without liability for doing so, by giving the other party at least five (5) days prior notice, except in an emergency situation. Notice may be provided either orally or in writing. It is the responsibility of the vendor and the Member/Participant/EOR (or their authorized representative) to provide notice of this termination by reporting it to the Conduent Call Center at 1-866-916-0310.

Modification of Agreement

This Agreement may be changed by agreement of both parties. Modification of the Agreement will require that you submit a new Agreement to Conduent, and must include prior approval to ensure that the budget can support the proposed changes. *Signed copies of all new agreements must be provided to Conduent before any changes in rates, units, and so on, can be made.* Changes in rates will NOT be done retroactively. Conduent must receive the Vendor Agreement at least 15 days before the effective date of any rate change. If there is an increase in the rate, the new rate must be approved in the member/participant's budget.

Scheduling of Provider Agency/Vendor/Contractor

If the provider agency/vendor/contractor is **unable** to provide services at the scheduled time, they shall provide at least _____ hours advance notice to the Self-Direction member/participant/EOR. A **change** in time by the provider agency/vendor/contractor or Self-Direction member/participant/EOR must be scheduled at least _____ hours in advance.

In case of emergency, the provider agency/vendor/contractor will notify the Self-Direction member/participant/EOR or another designated person. Such person shall be identified in advance, in writing. If the provider agency/vendor/contractor is knowingly going to be late, they shall notify the Self-Direction member/participant, EOR, or designated representative by telephone.

Provider Agency/Vendor/Contractor Qualifications, Duties and Policies.

Provider agency/vendor/contractor hereby agrees to the duties and policies as specified below. Qualifications, duties and policies of the provider agency/vendor/contractor include, but are not limited to, the following:

1. The provider agency/vendor/contractor attests (*confirms*) that it and/or its staff/workers meet the minimum qualifications, including a current license or certificate, as applicable, for providing services as required by the Self-Direction Program and described in the Self-Direction Program regulations (8.314.6 NMAC or 8.308.12 NMAC) and the Self-Direction Program Service Standards.
 - a. The provider agency/vendor/contractor attests that its staff/workers hold valid social security numbers and are authorized to work in the United States.
 - b. All provider agency and independent contractor licenses, credentials and other required documents must be available for review by Conduent or the state as requested, for the duration of this agreement.
 - c. Provider Agencies and independent contractors must maintain a copy of current professional and/or business licenses and/or professional credentials on file at all times.
2. The provider agency/vendor/contractor agrees to assist the Self-Direction member/participant by providing the services and performing the activities agreed upon with the Self-Direction member/participant/EOR, according to his/her approved budget, and Service and Support Plan.
3. Provider agency/vendor/contractor staff have the required skills to provide the services and perform the activities agreed upon with the Self-Direction member/participant/EOR, according to his/her approved Service and Support Plan and budget.
4. Provider agency/vendor/contractor staff that provides direct services will have completed and passed a criminal record check in accordance with Department of Health/Division of Health

Improvement DOH/DHI regulations. **Criminal background checks are mandatory.**

- a. Provider agencies are responsible for completing background checks on all of their staff. All staff must have passed such a screening before providing direct services to the member/participant. Confirmation must be available to Conduent and the state for review as requested, for the duration of this agreement.
 - b. If the agency staff or independent contractor has a professional license, like a registered nurse or therapist, their licensing board has already completed a background check. They do not need to do another one for Self-Direction.
 - c. If a vendor or independent contractor is not a licensed practitioner and is subject to the Caregivers Criminal History Screening Act, they will need to complete a background check through Conduent. The background check for vendors is exactly the same as the process for employees. These vendors/contractors must receive clearance from Conduent before they can begin to provide services to the member/participant.
 - d. Any agency, vendor or contractor staff that has not completed a criminal background check must be employed or contracted on a provisional (*temporary*) basis pending the results of the criminal background check. A Consolidated Online Registry (COR) background check must be completed before any direct service is provided (even if on a provisional or temporary basis). Proof that a criminal records check is in process must be on file with the agency prior to the staff person providing any direct services, and must be available to Conduent and the state for review as requested.
5. All qualification documentation (*required information*) must be completed by the provider agency/vendor/contractor and be on file with the provider agency/vendor/contractor prior to and while providing services. Licenses and/or other qualification requirements must be verified before services are provided and payment made. Additional information such as a Nature of Services Questionnaire may be requested by Conduent in order to determine whether a proposed vendor/contractor meets the classification criteria.
 6. Provider agency/vendor/contractor acknowledges and understands that funds available for payment are authorized by the Self-Direction New Mexico Medicaid Self-Directed Waiver in advance of services being provided. Payment to the provider agency/vendor/contractor shall only be made as authorized by Self-Direction and upon submitting a **complete Payment Request Form** and invoice to Conduent (according to payment procedures).
 7. Provider agency/vendor/contractor staff shall only perform services within the authorized payment amount, quantity and duration, as they will not be paid by the state of New Mexico for services provided in excess of (over) the authorized amount.
 8. The member/participant will pay any services provided over the authorized amount (as documented in the approved budget) to the provider agency/vendor/contractor.
 9. The provider agency/vendor/contractor will not be paid for services not provided.
 10. Payment for services may be in the form of a check or via direct deposit. The provider

agency/vendor/contractor can change their preference of payment at any time, subject to the processes and timelines outlined in the Direct Deposit Agreement and associated instructions.

11. Provider agency/vendor/contractor agrees that it will withhold, as applicable, and pay all required federal income, Medicare, Social Security, New Mexico state and local taxes (as applicable) that are owed in regard to service(s) provided.
12. Payment for services provided by the provider agency/vendor/contractor is from federal and state funds. Any false claims, statements, documents or concealment of material facts will be prosecuted under applicable federal and state laws.
13. A provider agency/vendor/contractor that provides services is considered a Medicaid provider and must document services and maintain documentation as set forth in the Self-Direction Program Regulations (8.314.6.12 NMAC or 8.308.12 NMAC).
14. In the event of illness, emergency, or incident preventing the provider agency/vendor/contractor from providing scheduled services to the Self-Direction member/participant, the provider agency/vendor/contractor agrees to notify the member/participant/EOR as soon as possible and in the manner agreed upon by both parties as described in this Agreement.
15. The provider agency/vendor/contractor agrees to participate in training and/or orientation, if requested by the Self-Direction member/participant/EOR, in providing the services that are the subject of this agreement.
16. The provider agency/vendor/contractor agrees to keep all information regarding the Self-Direction member/participant confidential in compliance with HIPAA and other federal and state laws, and to respect the Self-Direction member/participant's privacy.
17. The provider agency/vendor/contractor understands that it is engaged by the Self-Direction member/participant/EOR and *not* the State of New Mexico or Conduent.
18. The provider agency/vendor/contractor, its employees, customers' employees, officers, directors, shareholders, sub-contractors and agents are not employees of the member/participant/EOR, the State of New Mexico, Conduent or its subcontractors. The provider agency/vendor/contractor agrees that it provides services to the member/participant as an independent contractor of the member/participant/EOR, and that no employer/employee relationship shall exist between the member/participant/EOR, Conduent or its subcontractors and the provider agency/vendor/contractor related to the services being rendered under this agreement.
19. Misrepresentation of time worked, services provided, and/or other related information is considered fraud. If the Self-Direction member/participant/EOR or the provider agency/vendor/contractor willfully or intentionally misrepresents information, this agreement may be terminated (*ended*) and the Self-Direction member/participant/EOR or provider will be referred to the HSD Medicaid Fraud Unit.
20. The provider agency/vendor/contractor attests (confirms) they have reviewed the Mi Via

Service Standards and Regulations, or Centennial Care Managed Care Policy Manual, as they apply to the services they are providing and agrees to provide these services in accordance with program rules.

21. The provider agency/vendor/contractor attests they are in compliance with the reporting requirements set forth in the ABUSE, NEGLECT, EXPLOITATION, AND DEATH REPORTING, TRAINING AND RELATED REQUIREMENTS FOR COMMUNITY PROVIDERS REGULATIONS (7.1.14 NMAC)
22. If providing Customized Community Supports and/or Employment Supports, the vendor attests (confirms) that services and supports are provided in a community based integrated setting which supports and provides opportunities for participants to access and engage with community resources and activities with others in their community.

Self-Direction Member/Participant/EOR Responsibilities

1. The Self-Direction member/participant, EOR or their representative agrees to provide orientation to the provider agency/vendor/contractor in providing the services requested by the Self-Direction member/participant/EOR and authorized in the member/participant's approved Service and Support Plan and budget.
2. The Self-Direction member/participant, EOR, or their representative agrees to establish a mutually agreeable schedule for the provider agency/vendor/contractor services, either orally or in writing.
3. The Self-Direction member/participant, EOR, or their representative, agrees to provide adequate (fair) notice of changes to the scheduled services to the provider agency/vendor/contractor in the event of unforeseen circumstances or emergencies, but such notice cannot be guaranteed.
4. Misrepresentation of time, services, individuals and/or other information is forbidden. If the Self-Direction member/participant/EOR or provider agency/vendor/contractor knowingly misrepresents information, the member/participant may lose the option of participating in Self-Direction.
5. The Self-Direction member/participant/EOR, or their representative is responsible to ensure payments are made to provider agencies/vendors/contractors for services provided.
6. The Self-Direction member/participant/EOR understands that at any time, the provider agency/vendor/contractor can change their preference of payment from check to direct deposit subject to the processes and timelines outlined in the Direct Deposit Agreement and associated instructions.

7. The Self-Direction member/participant, EOR or their representative understands that if there is a conflict about the services provided, including but not limited to type, quantity or duration, it is the responsibility of the Self-Direction member/participant/EOR to resolve this directly with the provider of service following New Mexico laws governing such conflicts.
8. The Self-Direction member/participant, EOR or their representative, may not receive cash, rebate money, or return goods for cash for any service or goods paid for through the Self-Direction New Mexico Self-Directed Medicaid Waiver. Member/Participants who arrange to receive rebates or refunds on the unauthorized return of goods or services may be terminated from the Self-Direction Waiver program.

Mutual Responsibilities

The parties agree to follow the regulations, policies and procedures of the Self-Direction New Mexico Self-Directed Medicaid Waiver, including the enrollment and payment processes established by Conduent, the Self-Direction FMA, the Self-Direction Regulations (8.314.6 NMAC or 8.308.12 NMAC) and the Service Standards or Centennial Care Managed Care Policy. The provider agency/vendor/contractor and Self-Direction member/ participant/EOR agree to hold harmless, release, and forever discharge the State of New Mexico, Conduent and its subcontractors from any claims and/or damages that might arise out of any action or omissions by the provider agency/vendor/contractor or Self-Direction member/participant/EOR.

The member/participant/EOR and provider agency/vendor/contractor must sign below to begin a service relationship through this program. By signing, the provider agency/vendor/contractor and the member/participant/EOR listed herein verify all qualifications and agree to the duties, responsibilities and policies as outlined in this Agreement.

PROVIDER AGENCY/VENDOR/CONTRACTOR AGREEMENT

Please complete and sign in ink.

Member/Participant/EOR Signature: _____

Date: _____

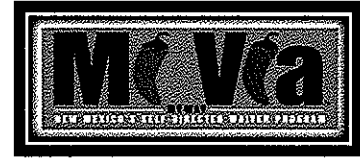
(if Guardian) Relationship to Member/Participant: _____

Date: _____

Provider Agency/Vendor/Contractor Signature _____

Date: _____

Provider Agency/Vendor/Contractor Telephone Number _____



**SELF-DIRECTED PROVIDER ATTESTATION FORM
CMS FINAL RULE FOR HCBS**

Please read the following summary of the Centers for Medicare and Medicaid Services (CMS) Final Rule Requirements for Home and Community Based Services (HCBS) Providers.

Any residential or non-residential provider who offers self-directed HCBS in a setting where individuals live and/or receive HCBS must comply with the provider setting requirements. A HCBS setting is provider-owned or controlled when the setting in which the individual resides is a specific physical place that is owned, co-owned, and/or operated by a provider of HCBS.

The CMS Final Rule requirements for residential and non-residential HCBS settings include:

- 1) Providers must ensure that settings are integrated in and support full access of individuals to the greater community including:
 - Providing opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources; and
 - Ensuring that individuals receive services in the community, to the same degree of access as individuals not receiving HCBS.
- 2) Providers must ensure that the individual selects from among setting options including non-disability specific settings and options for a private unit in a residential setting. The provider setting must have person-centered service plans that document the options based on the individual's needs and preferences. For residential settings the person centered plan must document resources available for room and board.
- 3) Providers must ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- 4) Providers must ensure settings optimize individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.

5) Provider must ensure settings facilitate individual choice regarding services and supports, and choice regarding who provides them.

6) Additional HCBS Final Rule requirements relate to ensuring tenant protections, privacy, and autonomy for individuals receiving HCBS who do not reside in their own private (or family) home.

As a Medicaid enrolled HCBS provider you are required to ensure all aspects of the Final Rule are followed. **HSD/MAD recommends that you read the CMS Final Rule in the Federal Register at the following link to get the full details on the CMS Final Rule requirements:**

https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities?utm_campaign=subscription%20mailing%20list&utm_source=federalregister.gov&utm_medium=email

I certify that I have carefully read the summary requirements for the Home and Community Based Services above and the CMS Final Rule Requirements in the Federal Register at the link provided above and attest that my organization/provider setting is in compliance with the CMS Final Rule Requirements published in the Federal Register.

Additionally, I certify that my organization/provider setting will remain in compliance with the CMS Final Rule Requirements published in the Federal Register.

(THE APPLYING PROVIDER MUST SIGN AND DATE THIS ATTESTATION FORM).

Member/Participant Information

Member/Participant Name: _____

Member/Participant Date of Birth: _____

Member/Participant Employer of Record: _____

Provider Information (Vendor or Employee)

Printed Name: _____

Title/Position: _____

Social Security Number: _____

Signature: _____ Date: _____

APPENDIX to VENDOR AGREEMENT
CHECKLIST for PROVIDERS OF TRANSPORTATION SERVICES

Self-Direction Medicaid Waiver

This form is required if driving the member is your job function or part of your assigned tasks.

All individuals who provide transportation services of any sort to a Self-Direction member/ participant must possess the following qualifications:

Vendor Name _____

- possess a valid New Mexico driver's license;
- be at least 18 years of age;
- be free of physical or mental impairment that would adversely affect driving performance;
- have no driving while intoxicated (DWI) convictions or chargeable (at fault) accidents within the previous two years;
- have a current insurance policy and vehicle registration.

I attest that I have verified that my transportation provider possesses each of these qualifications. (Please complete and sign in ink.)

Employer of Record Signature: _____

Date: _____

Please attach copies to this form of the following documents from the provider (vendor) listed above:

- **Valid New Mexico Driver's License**
- **Current Insurance Policy**
- **Current Vehicle Registration**

These documents are necessary in order to verify if the provider is qualified to perform transportation services within Self-Direction. Without these documents, transportation cannot be provided.

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>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<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><i>(Applies to accounts maintained outside the U.S.)</i></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</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.

Social security number									

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.

or

Employer identification number									

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.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive 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 be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
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 *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

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.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(f)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(f)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Vendor Direct Deposit Authorization

ATTACH A VOIDED CHECK FOR A NEW ACCOUNT SETUP OR CHANGE IN ACCOUNT

TRANSACTION TYPE

SECTION 1	<input type="checkbox"/> New setup (Sections 2, 3 & 4)	<input type="checkbox"/> Change financial institution (Sections 2, 3 & 4)
	<input type="checkbox"/> Cancellation (Sections 2, 3 & 4)	<input type="checkbox"/> Change account number (Sections 2, 3 & 4)
		<input type="checkbox"/> Change account type (Sections 2, 3 & 4)

PAYEE IDENTIFICATION

SECTION 2	Social Security or Employer Identification Number (EIN)			
	Name		Phone number	
	Mailing Address		City	State

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

SECTION 3	<p>I (Company) authorize TNT Management Resources, Inc (TNT) to deposit my vendor or contractor payments to my financial institution electronically. I further authorize TNT to initiate debit entries as adjustments for credit entries made in error. Also I acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and the rules set forth by the National Automated Clearing House Association (NACHA). This authorization is to remain in full force and affect until TNT has received notification from me, or a company representative, of its termination in writing by mail to 4935 Indian School Rd NE, Salem, Oregon 97305. This notification must be received at least three (3) business days prior to the proposed effective date of the termination of authorization to afford TNT and DEPOSITORY a reasonable opportunity to act on it. I understand that I (we) will be charged a \$10.00 fee for any check that is unable to be processed due to the fact that I (we) have given wrong information to TNT or my bank information changes and I (we) fail to notify TNT.</p>		
	Will these payments be forwarded to a financial institution outside the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Authorized Signature (Applicant or authorized agent – Required)	Phone Number (Required)	Date (Required)
	Vendor /Contractor Name	Vendor ID #	
Comments			

FINANCIAL INSTITUTION

SECTION 4	Name	City	State
	Routing Transit Number	Customer Account Number	Type of Account
	Representative Name (Please Print)		Title
	Bank Representative Signature (Optional)	Phone Number	Date

INSTRUCTIONS FOR VENDOR DIRECT DEPOSIT AUTHORIZATION

Alterations must be initialed.

SECTION 1: Select the appropriate transaction type(s)

SECTION 2: Provide the Social Security number or Employer Identification Number (EIN)

SECTION 3: The person authorizing the direct deposit setup must sign, print their name and date the form. If you receive payments via direct deposit which are forwarded from a U.S. financial institution to a financial institution outside the U.S., please contact CONDUENT (formerly Xerox)

SECTION 4: Provide the requested account information

YOU MUST ATTACH A VOIDED CHECK FOR A NEW ACCOUNT SETUP OR CHANGE IN ACCOUNT

Submit the completed form to CONDUENT (formerly Xerox) via mail or fax:

Mailing Address:
CONDUENT
PO Box 27460
Albuquerque, NM 87125-7460

Phone Numbers:
Toll Free Phone – (866) 916-0310
Phone – (505) 924-2010
Toll Free Fax – (866) 302-6787

Payment Request Form (PRF) Information

- _____ Use the current payment request form. Revised 08/01/17.
- _____ Enter participant/member name and Medicaid card number.
- _____ Enter the waiver service procedure code/modifier. This MUST match the service code from the approved budget.
- _____ Describe the item being purchased.
- _____ Enter the request date. This date MUST be within the date range of the approved budget.
- _____ Enter the full payment amount. This is the total amount that includes all taxes and must match the invoice that is submitted with the PRF.
- _____ Enter all Payee information. This includes payee name (vendor name), address, and vendor federal identification number.
- _____ Have the Participant/Member sign the PRF. A PRF will not be processed without the signature of the participant/member or their authorized representative.
- _____ Submit the PRF with a valid invoice.

In addition, the following items must have been submitted to the FMA for a PRF to be processed.

- _____ Vendor Agreement
- _____ Current license or certification as required by the Self-Direction program
- _____ W-9 form as required

The FMA will create a check for the provider agency, vendor, or contractor and will mail it to the Self-Direction participant/member. He/she must give it to the provider agency, vendor, or contractor.

Goods and services can only be paid by following the steps above. We are not authorized to pay Self-Direction participants/members for goods and services that they may buy. Checks must be issued to the provider in the name of the vendor unless direct deposit is authorized by the participant/member (See Vendor Direct Deposit Form).

INSTRUCTIONS FOR COMPLETING THE PAYMENT REQUEST FORM (PRF)

The PRF is used by both the Centennial Care Self-Directed Community Benefits Program (SDCB) and the Mi Via Program. Instructions 1 through 6 below apply to both programs:

1. "Request Date" and purchase must be within date of current approved Self-Direction budget
 - a. The "request date" may be the current date unless:
 - i. Purchase of a Prepaid Cell Phone Service – Request Date must include the month the service will be used
2. Approved Budget Period are the dates of the approved Self-Direction Budget
3. The "Waiver Service Procedure Code and Modifier" field must be filled in correctly
4. The request **MUST BE APPROVED** on the SSP and Budget
5. Payment amount must include price of good or service and all applicable taxes
6. Submit a cost quote or valid invoice with this payment request form
7. The PRF must be signed and dated by the person authorized to sign the document, see below for who is authorized to sign. A PRF may not be signed prior to the delivery of services and a blank, signed PRF should never be provided to a service provider.

WHO IS AUTHORIZED TO SIGN THE PRF?

SDCB Program:

- 1) If the SDCB member has an EOR, the EOR is the only person authorized to sign the PRF. The member may also be their own EOR.

Mi Via Program:

- 1) If the Mi Via participant has an EOR, the EOR is the person authorized to sign the PRF. The participant may be their own EOR.
- 2) A Mi Via participant is not required to have an EOR if all of his/her providers are vendors. If the participant selects to have an authorized signer, instead of an EOR, then only the person identified on the Authorization to Sign PRFs if no EOR form is authorized to sign the PRF.

Self-Direction **VENDOR** Mileage Invoice Form

Is this a correction to a PRIOR
Mileage Invoice? Yes No

Member/Participant Name _____ Driver Name _____

Service Code: T2049 Driver's License # _____

Vehicle Year _____ Model _____ License Plate _____

Date	Destination (From/To)	Purpose of Trip	Odometer Miles
			Start: End: Miles: _____
			Start: End: Miles: _____
			Start: End: Miles: _____
			Start: End: Miles: _____
			Start: End: Miles: _____
			Start: End: Miles: _____
			Start: End: Miles: _____

I certify that this invoice is true and correct.

Subtotal (miles) _____

Total miles x \$ _____ (per mile) = \$ _____

Driver Signature _____ Date _____

I certify that the travel requested is approved on the member/participant's Service & Support Plan/Budget, and proper driver's license, insurance and vehicle registration have been verified.

Member/Participant/Employer of Record (EOR) Signature _____ Date _____

Please FAX or mail this completed form to CONDUENT (formerly Xerox). Please note, according to Medicaid timely-filing requirements, requests for payment must be submitted within 90 days of service.

**FAX number: 1-866-302-6787 Phone: 1-866-916-0310
Mailing address: CONDUENT, PO Box 27460, Albuquerque, NM 87125-7460**

Self-Direction Invoice: Provider Agency/Contractor (Non Timesheet)
FAX: 1-866-302-6787 MAIL: CONDUENT, PO Box 27460, Albuquerque, NM 87125

Provider Agency/Contractor _____ Is this a correction to a PRIOR invoice? Yes No
 Date of Invoice (mm/dd/yyyy) _____ Total Invoice \$ _____ (must match total \$ below)

Member/Participant Name: _____ Member/Participant Date of Birth: _____

Date	Service Code	Hours per Day *	Rate per Hour *	Rate per Unit **	# of Units **	Total Charge	What Service(s) were provided? Be specific.	Member present?
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
Total Hours								
Total Units/Charge						\$		

*Hours are entered for any service that is delivered hourly.
 ** A 'UNIT' is defined as a service that is delivered as a single item (each), per 15 minutes, daily, monthly, mile or visit/session.

Provider/Vendor Signature: _____ Date _____

Example		Example					Example	
Date	SVC Code	Hrs per Day	Rate per Hour	Rate per Unit	Units per Day	Total Charge	What Service(s) were provided? Be specific.	Member present?
04-25-11	S9470	4	12.00			\$48.00	Nutritional Counseling	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
04-26-11	T2049			0.34	50	\$17.00	Mileage to the community center and back home.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
04-27-11	T2033			25.00	1	\$25.00	Customized In-Home Living Support	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Total Hours		4	Total Units		51	\$90.00		

This form MUST be attached to the Payment Request Form (PRF) for all services.

Service Code	Prior Service Code (before 8/1/11)	Service Code Description	Delivery (Billing) Method
97810		Acupuncture	Per 15 min
T2031	T2031	Assisted Living – Daily	Daily
H2019	H2019	Behavior Support Consultation	Per 15 min
90901		Biofeedback	Visit
98940		Chiropractic	Visit
T1999CE-I	T1999CE-I	Coaching Education for Parents, Spouse or Other (use for all other items that do not fit the sub-codes description under T1999CS-I or T1999CL-I)	Each
T1999CS-I		Coaching Education for Parents/Spouse: Conferences and Seminars ONLY	Each
T1999CL-I		Coaching Education for Parents/Spouse: Classes ONLY	Each
97532		Cognitive Rehab Therapy	Per 15 min
H2021	T1999CP-H	Community Direct Support/Navigation	Per 15 min
S5100	T2021	Customized Community Support	Per 15 min
T2033	T2033FL, T2033SL, T2030	Customized In-Home Living Supports	Daily
S5160	S5160	Emergency Response Testing and Maintenance	Each
S5161	S5161	Emergency Response Monthly Service Fee	Monthly
T2019	T2019	Employment Supports (includes Job Coach)	Each
S5165	S5165	Environmental Modifications (EMOD)	Each
T1999CP-I	T1999CP-I	Fees and Memberships	Each
T1999HR-I	T1999HR-I	Health-Related Equipment & Supplies (use for all other Health-Related Equipment and Supplies that do not fit the sub-code description under T1999AE-I, T1999EE-I, T1999NS-I, T1999OM-I)	Each
T1999AE-I		Adaptive Equipment and Supplies	Each
T1999EE-I		Exercise Equipment and Related Items	Each
T1999NS-I		Nutritional Supplements	Each
T1999OM-I		Over-the-Counter Medications	Each
S8940		Hipotherapy	Visit
S9122		Home Health Aide	Hour
99509	99509	Homemaker/Direct Support	Hourly
T1999HG-I	T1999HG-I	Household Related Goods Item/Invoice	Each
T1999AI-I		Appliances for Independence Item/Invoice	Each
T1999AF-I		Adaptive Furniture Item/Invoice	Each
T2019JD		Job Developer	Each
97124		Massage Therapy	Per 15 min
S8990		Naprapathy	Visit
S9445		Native American Healers	Session
S9470	S9470	Nutritional Counseling Adults	Hourly
G0152	G0152	Occupational Therapy	Per 15 min
T1007		Personal Plan Facilitation	Each
G0151	G0151	Physical Therapy	Per 15 min
H2032		Play Therapy	Per 15 min
T1003	T1003	Private Duty Nursing LPN	Per 15 min
T1002	T1002	Private Duty Nursing RN	Per 15 min

Service Code	Prior Service Code (before 8/1/11)	Service Code Description	Delivery (Billing) Method
T1005HHA	T1005HHA	Respite Home Health Aide	Per 15 min
T1005SD	T1005SD	Respite Standard	Per 15 min
T1005LPN	T1005LPN	Respite LPN	Per 15 min
T1005RN	T1005RN	Respite RN	Per 15 min
G0153	G0153	Speech/Language Pathology	Per 15 min
T1999TS	T1999TS	Technology for Safety and Independence	Each
T1999CR		Computer Purchase (item)	Each
T1999PR		Printer Purchase (item)	Each
T1999FX		Fax Machine Purchase (item)	Each
T1999CPEP		Cell Phone and Related Equipment Purchase (item)	Each
T1999IS		Internet Service	Each
T1999CELL		Cell Phone Service	Each
T1999LS		Landline Service	Each
T1999ICL		Internet/Cell Phone/Landline Service (bundled)	Each
T1999IC		Internet/Cell Phone Service (bundled)	Each
T1999IL		Internet/Landline Service (bundled)	Each
T1999CPL		Cell Phone/Landline Service (bundled)	Each
T1999OS		Office Supplies (purchased as items)	Each
T2004		Transportation Commercial Carrier Pass	Each
T2007	T1999TD-H	Transportation Time	Hourly
T2003	T1999TD-I	Transportation Trip	Each
T2049	T1999MILE	Transportation Mile	Per Mile

Please see the Self-Direction program policy for specific provider requirements at http://www.hsd.state.nm.us/mad/pdf_files/provmani/prov83146.pdf or call the Self-Direction Helpdesk: 1-866-916-0310.

VENDOR PAYMENT SCHEDULE	
PRF/Invoice must be received by CONDUENT	Check Mailed or Direct Deposit Issued
Saturday	Friday
12/02/17	12/15/17
12/09/17	12/22/17
12/16/17	12/29/17
12/23/17	01/05/18
12/30/17	01/12/18
01/06/18	01/19/18
01/13/18	01/26/18
01/20/18	02/02/18
01/27/18	02/09/18
02/03/18	02/16/18
02/10/18	02/23/18
02/17/18	03/02/18
02/24/18	03/09/18
03/03/18	03/16/18
03/10/18	03/23/18
03/17/18	03/30/18
03/24/18	04/06/18
03/31/18	04/13/18
04/07/18	04/20/18
04/14/18	04/27/18
04/21/18	05/04/18
04/28/18	05/11/18
05/05/18	05/18/18
05/12/18	05/25/18
05/19/18	06/01/18
05/26/18	06/08/18
06/02/18	06/15/18
06/09/18	06/22/18
06/16/18	06/29/18
06/23/18	07/06/18
06/30/18	07/13/18

VENDOR PAYMENT SCHEDULE
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PRF/Invoice must be received by CONDUENT	Check Mailed or Direct Deposit Issued
Saturday	Friday
07/07/18	07/20/18
07/14/18	07/27/18
07/21/18	08/03/18
07/28/18	08/10/18
08/04/18	08/17/18
08/11/18	08/24/18
08/18/18	08/31/18
08/25/18	09/07/18
09/01/18	09/14/18
09/08/18	09/21/18
09/15/18	09/28/18
09/22/18	10/05/18
09/29/18	10/12/18
10/06/18	10/19/18
10/13/18	10/26/18
10/20/18	11/02/18
10/27/18	11/09/18
11/03/18	11/16/18
11/10/18	11/23/18
11/17/18	11/30/18
11/24/18	12/07/18
12/01/18	12/14/18
12/08/18	12/21/18
12/15/18	12/28/18
12/22/18	01/04/19
12/29/18	01/11/19
01/05/19	01/18/19
01/12/19	01/25/19
01/19/19	02/01/19
01/26/19	02/08/19