

VENDOR DATA RECORD (rev.4/30/04)

NOTE: Governmental entities, federal, state, and local (including public school districts) are not required to submit this form.

<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">1</div>	DEPARTMENT/OFFICE <hr/> STREET ADDRESS <hr/> CITY, STATE, ZIP CODE <hr/>	<p>PURPOSE: Information contained in this form will be used by state agencies to prepare information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. <i>(See Privacy Statement on reverse)</i></p>											
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">2</div>	<p>VENDOR'S BUSINESS NAME</p> <hr/> <p>SOLE PROPRIETOR – ENTER OWNER'S FULL NAME HERE (Last, First, M.I.)</p> <hr/> <p>MAILING ADDRESS (Number and Street or P.O. Box #)</p> <hr/> <p>(City, State and Zip Code)</p>												
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">3</div>	<p><input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR (Must provide Social Security #)</p> <p><input type="checkbox"/> MEDICAL CORPORATION (Including dentistry, podiatry, optometry, etc.)</p> <p><input type="checkbox"/> LEGAL CORPORATIONS</p> <p><input type="checkbox"/> PARTNERSHIP</p> <p><input type="checkbox"/> EXEMPT ORGANIZATION (Nonprofit)</p> <p><input type="checkbox"/> LIMITED LIABILITY CORP.</p> <p><input type="checkbox"/> ESTATE OR TRUST</p> <p><input type="checkbox"/> OTHER</p> <hr/> <p><input type="checkbox"/> Services (Medical or Non-Medical)</p> <p><input type="checkbox"/> Equipment/ Supplies</p> <p><input type="checkbox"/> Travel Reimbursement</p> <p><input type="checkbox"/> Rent</p> <p><input type="checkbox"/> OTHER</p>	<p>NOTE -Government entities - CO employees are <u>not</u> required to submit this form.</p>											
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">4</div>	<p>SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF REVENUE AND TAXATION CODE SECTION 18646 (See reverse)</p> <p>FEDERAL EMPLOYERS IDENTIFICATION (FEIN)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p>IF VENDOR ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN.</p>												<p>NOTE Payment will not be processed without an accompanying taxpayer I.D. number.</p>
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">5</div>	<p style="text-align: center;"><i>Check All Boxes That Apply</i></p> <p>Federal Income Tax Withholding Status (Applies to Individuals Only) :</p> <p><input type="checkbox"/> I Am A US Citizen <input type="checkbox"/> I Am A Permanent Resident Alien and I Have a Green Card</p> <p><input type="checkbox"/> I Am Not a U.S. Citizen and I Do Not Have a Permanent Resident Green Card</p> <p>Note: All Foreign Citizens/Entities <u>must complete a tax analysis</u> before payments can be made.</p> <p><input type="checkbox"/> Tax Exempt by Tax Treaty. Country of Residency: _____</p> <hr/> <p>California State Tax Withholding Status (Applies to All Vendors) :</p> <p><input type="checkbox"/> California Resident Qualified to do business in CA or have a permanent place of business in CA.</p> <p><input type="checkbox"/> California Nonresident (See Reverse). Payments to CA nonresidents may be subject to state taxes.</p> <p style="margin-left: 20px;"><input type="checkbox"/> A Waiver from CA state tax withholding is attached (From the California Franchise Tax Board).</p> <p style="margin-left: 20px;"><input type="checkbox"/> All services related to this payment were performed OUTSIDE of the state of California.</p>		<p>NOTE: <u>Prior to making payments to foreign citizens,</u> United States tax laws require all employers to perform a tax analysis with respect to country of citizenship to determine residency for Federal tax purposes. (Please See reverse)</p> <hr/> <p>NOTE: An estate is a resident if decedent was a California resident at time of death. A trust is resident if one or more trustees are CA residents. <u>Rules for assessing State taxes differ significantly from Federal tax rules.</u> (Please See reverse)</p>										
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">6</div>	<p>I hereby certify under penalty of perjury under the laws of the State of California that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.</p> <hr/> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:55%; border-bottom: 1px solid black;">AUTHORIZED VENDOR REPRESENTATIVE'S NAME (PRINT)</td> <td style="width:45%; border-bottom: 1px solid black;">TITLE</td> </tr> <tr> <td style="border-bottom: 1px solid black;">SIGNATURE</td> <td style="border-bottom: 1px solid black;">DATE</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">TELEPHONE NUMBER</td> </tr> </table>		AUTHORIZED VENDOR REPRESENTATIVE'S NAME (PRINT)	TITLE	SIGNATURE	DATE		TELEPHONE NUMBER					
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SIGNATURE	DATE												
	TELEPHONE NUMBER												

PLEASE RETURN TO:
→ → → →

NAME AND ADDRESS

VENDOR ENTITY & PAYMENT TYPE

VENDOR'S TAXPAYER I.D. NUMBER

VENDOR RESIDENCY DECLARATION For Tax Purposes

All Payments Made By The University Are Subject To Federal and California State Tax Laws

CERTIFYING SIGNATURE

VENDOR DATA RECORD

ARE YOU A RESIDENT OR NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate, or trust doing business with the State of California must indicate residency status along with their vendor identification number.

A **corporation** if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For individual/sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a nonresident.

For withholding purposes, a **partnership** is considered a resident partnership if it has a permanent place of business in California. An estate is considered a California estate if the decedent was a California resident at the time of death and a trust is considered a California trust if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

From within the United States, call 1-800-852-5711
From outside the United States, call 1-916-845-6500
For hearing impaired with TDD, call 1-800-822-6268

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident vendors including corporations, individuals, partnerships, estates and trusts are subject to income tax withholding. Nonresident vendors performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no California tax withholding is required if total payments to the vendor are \$1,500 or less for the calendar year.

A nonresident vendor may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address below. A waiver will generally be granted when a vendor has a history of filing California returns and making timely estimated payments. If the vendor activity is carried on outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board
Withhold at Source Unit
Attention: State Agency Withholding Coordinator
P.O. Box 651
Sacramento, CA 95812-0651
Telephone: (916) 845-4900
Fax: (916) 845-4831

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.

FOREIGN CITIZENS and FOREIGN BUSINESSES

Federal tax withholding regulations differ significantly from California tax withholding requirements. A tax analysis consultation and additional forms must be completed before a payment can be released.

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State must provide their Taxpayer Identification Number (TIN) as required by Revenue and Taxation Code Section 18646, to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by Internal Revenue Code Section 6109(a). The TIN for individuals and sole proprietorships is their Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31% withholding and state law imposes noncompliance penalties up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency (ies) with which you transact that business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in section 1.

NOTE:

An estate is a resident if decedent was California resident at time of death.
A trust is a resident if one or more trustees have California residency.