

**VENDOR DATA RECORD**

(Required in lieu of IRS W-9 when doing business with the State of California)  
Form 204 (CSUF 02/06)

ALL SECTIONS (2 THROUGH 8) MUST BE COMPLETED

Clear Form

Print Form

|   |   |  |   |  |              |  |                  |             |              |
|---|---|--|---|--|--------------|--|------------------|-------------|--------------|
| Section 1<br><b>Please Return To:</b>   | <b>California State University - Fullerton</b><br><b>Division of Administration and Finance - Accounts Payable</b><br><b>P.O. Box 6808 or 2600 E. Nutwood Suite 300</b><br><b>Fullerton, CA 92834 - 6808 Fullerton, CA 92831</b><br><b>(714)278-4278 (714)278-5816 (FAX)</b>  | 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 and accurate completion of this form will prevent delays when processing your payments. (See <b>Privacy Statement on Page 2</b> ) |   |  |              |  |                  |             |              |
| Section 2<br><b>Name and Address</b>  | Vendor's Business Name:   | Phone:   |   |  |              |  |                  |             |              |
|   | Sole Proprietor Owner's Full Name (last, first, MI):  | Fax:   |   |  |              |  |                  |             |              |
|   | Mailing Address (number and street or P.O. Box No.):  | Email:   |   |  |              |  |                  |             |              |
|   | City, State and Zip Code:   | Web Address:   |   |  |              |  |                  |             |              |
| Section 3<br><b>Vendor Entity Type</b>  | <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> PARTNERSHIP/LLC<br><input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ESTATE/TRUST<br><input type="checkbox"/> ALL OTHER CORPORATIONS <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR  |  | Note: Federal, state and local entities (including school districts) are not required to submit this form   |  |              |  |                  |             |              |
| Section 4<br><b>Vendor's Taxpayer I.D. Number</b>   | If Vendor Entity Type is CORPORATION, PARTNERSHIP, ESTATE OR TRUST, enter: Federal Employer Identification No.<br>_____<br>If Vendor Entity Type is INDIVIDUAL/SOLE PROPRIETOR, enter: Social Security No.<br>_____<br>Note: Payment cannot be processed without a Taxpayer I.D. Number   |  | Note: Social Security Numbers are required for individual/sole proprietor by authority of the revenue and tax code Section 18646(see instructions)  |  |              |  |                  |             |              |
| Section 5<br><b>Small Business DVBE Information</b>   | <b>Check all boxes that apply</b><br><input type="checkbox"/> California Certified Small Business                      OSBCR Certification Reference Number: _____<br><input type="checkbox"/> California Certified Disabled Veteran                      OSBCR Certification Reference Number: _____   |  |   |  |              |  |                  |             |              |
| Section 6<br><b>Vendor Activity</b>   | <b>Check the box which describes your primary business</b><br><input type="checkbox"/> EQUIPMENT & SUPPLIES <input type="checkbox"/> ATTORNEY FEES <input type="checkbox"/> PRIZES & AWARDS<br><input type="checkbox"/> SERVICES - NON-MEDICAL <input type="checkbox"/> LEGAL SETTLEMENT <input type="checkbox"/> ROYALTIES<br><input type="checkbox"/> SERVICES-MEDICAL <input type="checkbox"/> CLAIMANT PAID <input type="checkbox"/> OTHER (SPECIFY) _____<br><input type="checkbox"/> RENT <input type="checkbox"/> INTEREST   |  |   |  |              |  |                  |             |              |
| Section 7<br><b>Vendor Residency Status For Tax Purposes</b><br><br><b>All Payments made by the University are Subject to Federal and California State Tax Laws</b> | <b>Check all boxes that apply</b><br><b>Federal Income Tax Withholding Status (Applies to Individuals Only):</b><br><input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I am a Permanent Resident Alien and I have a Green Card<br><input type="checkbox"/> I am not a U.S. Citizen and I do not have a Permanent Resident Green Card<br><b>Note: All Foreign Citizens/Entities must complete a tax analysis before payments can be made.</b><br><input type="checkbox"/> Tax Exempt by Tax Treaty                      County of Residency: _____<br><input type="checkbox"/> All services related to this payment are performed outside of the United States. |  | <b>Note: Prior to making payments to foreign citizens.</b> 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 <b>Page 2</b> )               |  |              |  |                  |             |              |
|   | <b>California State Tax Withholding Status (Applies to all Vendors):</b><br><input type="checkbox"/> California Resident - Qualified to do business in CA or have a permanent place of business in CA.<br><input type="checkbox"/> California Nonresident (See <b>Page 2</b> ) - Payments to CA non residents may be subject to state taxes.<br><input type="checkbox"/> A Waiver from CA state tax withholding is attached (From the California Franchise Tax Board).<br><input type="checkbox"/> All services related to this payment are performed OUTSIDE of the State of California.   |  | <b>Note: An estate is a resident if decedent was a California resident at time of death.</b> A trust is resident if one or more trustees are CA residents. Rules for assessing State taxes differ significantly from Federal tax rules. (Please see <b>Page 2</b> ) |  |              |  |                  |             |              |
| Section 8<br><b>Certifying Signature</b>  | <b>I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>AUTHORIZED VENDOR REPRESENTATIVE'S NAME (TYPE OR PRINT)</b></td> <td colspan="2"><b>TITLE</b></td> </tr> <tr> <td><b>SIGNATURE</b></td> <td><b>DATE</b></td> <td><b>PHONE</b></td> </tr> </table>  |  |   | <b>AUTHORIZED VENDOR REPRESENTATIVE'S NAME (TYPE OR PRINT)</b> | <b>TITLE</b> |  | <b>SIGNATURE</b> | <b>DATE</b> | <b>PHONE</b> |
| <b>AUTHORIZED VENDOR REPRESENTATIVE'S NAME (TYPE OR PRINT)</b>  | <b>TITLE</b>  |  |   |  |              |  |                  |             |              |
| <b>SIGNATURE</b>  | <b>DATE</b>   | <b>PHONE</b>   |   |  |              |  |                  |             |              |

State of California

**VENDOR DATA RECORD**(Required in lieu of IRS W-9 when doing business with the State of California)  
Form 204 (CSUF 02/06)**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 (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 \$1500 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 the 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 I.

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.  
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