

1 This information is required from each vendor/contractor doing business with the State of California. This form is required in lieu of IRS W-9 and State of California Form 204. The completed form must be on file with San Francisco State University prior to payment. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See SFSU Vendor/Payee Form Information for more information and Privacy Statement.

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

<b>2</b>	<p>Vendor/Payee Legal Business Name</p> <hr/> <p>Sole Proprietor-Enter Name as shown on SSN (Last, First, M I)</p> <hr/> <p>Mailing Address (Number and Street or PO Box Number)</p> <hr/> <p>(City, State, and Zip Code)</p>	<p>Check the box which best describes your primary business with SFSU.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Equipment/Supplies</td> <td><input type="checkbox"/> Rent</td> </tr> <tr> <td><input type="checkbox"/> Medical Services</td> <td><input type="checkbox"/> Royalties</td> </tr> <tr> <td><input type="checkbox"/> Legal Services</td> <td><input type="checkbox"/> Legal Settlement</td> </tr> <tr> <td><input type="checkbox"/> Non-medical Services</td> <td><input type="checkbox"/> Prizes/Awards</td> </tr> <tr> <td><input type="checkbox"/> Non-employee Comp</td> <td><input type="checkbox"/> Interest</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Equipment/Supplies	<input type="checkbox"/> Rent	<input type="checkbox"/> Medical Services	<input type="checkbox"/> Royalties	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Legal Settlement	<input type="checkbox"/> Non-medical Services	<input type="checkbox"/> Prizes/Awards	<input type="checkbox"/> Non-employee Comp	<input type="checkbox"/> Interest	<input type="checkbox"/> Other _____	
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<p><b>3</b> ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):    <b>OR</b></p> <table style="width: 100%; border: none;"> <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> <input type="checkbox"/> CORPORATION:              <input type="checkbox"/> Medical              <input type="checkbox"/> Legal              <input type="checkbox"/> Exempt (nonprofit)              <input type="checkbox"/> All Others  <input type="checkbox"/> PARTNERSHIP  <input type="checkbox"/> ESTATE OR TRUST       </p>											<p>ENTER SOCIAL SECURITY NUMBER (SSN):</p> <table style="width: 100%; border: none;"> <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><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR</p>										

**NOTE:**  
 Payment will not be processed without an accompanying taxpayer ID number, unless considered a foreign vendor.  
 Check here if company does not have a location within US borders.

<p><b>4</b> For California Tax Purposes:</p> <p><input type="checkbox"/> California Resident – Qualified to do business in CA or a permanent place of business in CA</p> <p><input type="checkbox"/> CA Nonresident – Payments for services by CA nonresidents may be subject to state withholding</p> <p style="padding-left: 20px;"><input type="checkbox"/> Waiver of State Withholding from Franchise Tax Board (attached)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Services performed outside of California</p>	<p>For Federal Tax Purposes:</p> <p><input type="checkbox"/> US Citizen or Permanent US Resident Alien (Green Card Holder)</p> <p><input type="checkbox"/> Nonresident Alien ( Not a US Citizen of a Permanent Resident Alien)</p>
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**5** I hereby certify under penalty of perjury that the information provided on this document is true and accurate. I will promptly notify SFSU of changes.

AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE	
SIGNATURE	DATE	TELEPHONE

<p><b>6</b> Please return completed form to:          SAN FRANCISCO STATE UNIVERSITY          FISCAL AFFAIRS - VENDOR COORDINATOR          1600 HOLLOWAY AVENUE, ADM 350          SAN FRANCISCO CA 94132</p>	<p><b>Contact SFSU Fiscal Affairs at:</b>          PH: 415-338-3561          FAX: 415-405-3425          Web: <a href="http://fiscaff.sfsu.edu/">http://fiscaff.sfsu.edu/</a></p>
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SFSU USE ONLY:

**Name:**

Company Name  DBA   
 Customer Number assigned to SFSU

**Address:** If address listed on page 1 is the only address, skip down to **Terms**.

Purchase Order/Bid Address   
 PO Phone & Fax Numbers   
 E-mail & Internet Address

Remittance Address (if different)   
 A/R Phone & Fax (if different)

**Terms:** SFSU standard terms are Net 30 unless payment discount offered.

Payment Terms:  FOB:  Destination  Ship Point  
 Ship Method:  Freight Terms:  Prepaid and Add  Prepaid and Allowed  
 Contractor's License Number

**Certification:** My business is certified by the State of California's Office of Small Business Certification and Resources (OSBCR) as:

Disabled Veteran Owned Business (51% ownership and 10% service-related disability)  Small Business  
 Certification Number \_\_\_\_\_ Cert # \_\_\_\_\_

**Gender/Ethnicity:** The completion of this section is strictly voluntary. The ownership of my business is (minimum 51% ownership):

Asian-Indian - Person whose origins are from India, Pakistan or Bangladesh.  
 Black - Person whose origins are from any of the black racial groups of Africa.  
 Hispanic - Person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture of origin.  
 Native American - An American Indian, Eskimo, Aleut, or Native Hawaiian  
 Pacific-Asian - Person whose origins are from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, Philippines, Samoa, or Guam.  
 Other - Any other group of natural persons identified as minorities.  
 Gender:  Female  Male

**Contact:**

PO/Bid Contact Name/Title   
 PO Contact Phone & Fax (if different than above)   
 PO Contact E-mail (if different than above)

A/R Contact Name/Title   
 A/R Contact Phone & Fax (if different than above)

**ARE YOU A RESIDENT OR A NONRESIDENT?**

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

A **corporation** will be considered a "resident" 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 **individuals/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 resident. However, an individual who comes to perform a particular contract of short duration 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 .....1-916-854-6500
- From hearing impaired with TDD, call ..... 1-800-822-6568

**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 the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109. The TIN for individual 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 of 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 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.

**ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?**

Payments made to nonresident vendors, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident vendors performing services in California or receiving rent, lease or royalty payments from property (real or personal) located 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 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 listed 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) 369-4900  
FAX: (916) 369-4831

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