

VENDOR DATA RECORD

Required in lieu of IRS W-9 when doing business with the State of California (SSU Rev. 02-2017)

Vendor #: __

For SSU Use Only

Section 1 Contact Info:	Vendor's Legal Business Name or Sole Proprietor's Fu	ull Name (as shown o	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 payees. Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on reverse)							
	Vendor's Legal Business Name or Sole Proprietor's Full Name (as shown on your income tax return):									
Section 2	DBA, Trade, or Single Member LLC Name (if applica	Phone:								
Name and Address	Mailing Address (Street and Number or P.O. Box #):	Fax:								
	City, State and Zip Code:		Email:							
Section 3 Vendor Entity Type	Individual C Corporation S Corporation Partnership Exempt (Non-Profit) Government Entity Limited Liability Company (LLC) Estate/Trust Single Member LLC (check IRS tax classification below): Individual (provide SSN/EIN for individual (not LLC), individual's name on line 1 section 2, and LLC name on line 2 section 2) Corporation (provide EIN for LLC, provide LLC name on line 1 section 2. Do not provide individual's name or SSN) Multiple Member LLC (check IRS tax classification below): Partnership Corporation (for either type, provide EIN for LLC below, and provide LLC name on line 1 section 2.									
Taxpayer Identification Number	Individual/Sole Proprietor – Social Security Numbe	or or	al Employer Identification Number (FEIN):							
	Note: When taxpayer ID is not provided or does not match IR.	S records, payment may	y be subject to backup withholding requirements.							
Section 4	Check the Box that Describes Your Primary Busine	SS								
	Services: (Non-Medical) Equipment & Supplies Rental Payment Participant Fee (No services are provided)									
Vendor Activity	Services: (Medical/Health Care) Attorney/Legal Fees Prizes/Awards Other (Specify) (No services provided) (No services provided) Other (Specify)									
	Check All Boxes That Apply to Federal Income Tax									
	I am a U.S. Citizen or a U.S. corporation, partnership, trust, or estate									
	I am a Permanent Resident Alien and I have a Gree I am not a U.S. Citizen and I do not have a Perman		Tord							
Section 5	(<i>Foreign Nationals in this category <u>must</u> complete the "</i>	Foreign National Data	a Collection Form" and IRS <u>W-8BEN</u> before payment)							
Vendor Residency	Note: Services performed outside the U.S. do not require federal tax withholding; however, invoice must state "All services were provided outside the U.S."									
Status For	Check All Boxes That Apply to California Income Tax Withholding Status California Resident - Maintains a permanent place of business in CA at the address shown above or is qualified through									
Tax Purposes	the California Resident - Maintains a permanent place of the California Secretary of St									
	California Non-resident (see reverse) – Payments to									
	Note: Services performed outside of California do not require state tax withholding; however, invoice must state "All services were provided outside the state of CA." For services performed both inside and outside of CA, you must allocate those services using FTB form 587 (see reverse side).									
Section 6	Are you (Vendor) or any of your employees employed by the CSU? If yes, provide employee name(s) and relationship as an attachment to this form.									
	Authorized Vendor Representative's Name (Print):	Date:	Title:							
Section 7										
Certification	By checking this box, I hereby certify under pen- information provided on this document is true ar inform you.									

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Are you a California resident or nonresident?	Are you subject to California nonresident tax withholding?							
Each corporation, individual/sole proprietor, partnership, estate, or	Payments made to California nonresident vendors, including							
trust doing business with the State of California must indicate	corporations, individuals, partnerships, estates and trusts, are							
residency status along with their taxpayer identification number.	subject to California income tax withholding. California nonresident vendors performing services in California or							
A corporation is defined as a "resident" if it has a permanent	receiving rent, lease or royalty payments from property (real or							
place of business in California or is qualified through the	personal) located in California will have 7% of their total							
Secretary of State to do business in California.	payments withheld for state income taxes. However, no							
	withholding is required if total payments to the payee are \$1,500							
For individuals and sole proprietors, the term "resident"	or less for the calendar year.							
includes every individual who is in California for other than a								
temporary or transitory purpose and any individual domiciled in	A California nonresident vendor may request that income tax							
California who is absent for a temporary or transitory purpose.	withholding be waived by sending a completed form FTB 588 to							
Generally, an individual who comes to California for a purpose,	the FTB at the address below. A waiver will generally be granted							
which will extend over a long or indefinite period, will be	when a payee has a history of filing California returns and							
considered a resident. However, an individual who comes to	making timely estimated payments. If the vendor activity is							
perform a particular contract of short duration will be considered a	carried on outside of California or partially outside of California,							
nonresident.	the vendor should complete FTB form 587, allocating where the							
	services were performed and submit the form <u>directly to SSU</u> .							
A partnership is considered a resident partnership if it has a								
permanent place of business in California. An estate is a resident	A California nonresident vendor may request a reduction in the							
if the decedent was a California resident at time of death. A trust	standard 7% income tax withholding amount by sending a							
is a resident if at least one trustee is a California resident.	completed form FTB 589 to the FTB at the address below, or by							
	completing the form online at www.ftb.ca.gov. If a reduced rate							
For information on residency status, contact the Franchise Tax	of withholding or waiver has been authorized by the Franchise							
Board at the numbers listed below:	Tax Board, attach a copy to this form.							
From within the United States, call 1-800-852-5711	For more information, contact the Franchise Tax Board:							
From outside the United States, call 1-916-845-6500	Withholding Services and Compliance Section							
For hearing impaired with TDD, call 1-800-822-6268	P.O. Box 942867							
Website – www.ftb.ca.gov	Sacramento, CA 94267-0651							
	Telephone from within the U.S.: 1-888-792-4900							
	Telephone from outside the U.S.: 1-916-845-4900							
Fax: (916) 845-9512 Email: wscs.gen@ftb.ca.gov								
Foreign Individuals and Foreign Businesses								

Federal tax withholding regulations differ significantly from California's tax withholding requirements. A tax analysis is required and all foreign individuals must complete the "Foreign National Data Collection Form" to determine U.S. residency status. Failure to complete the form may require up to 30% federal tax withholdings from payment. For more information, refer to the IRS website for nonresident withholding at http://www.irs.gov/Individuals/International-Taxpayers/NRA-Withholding.

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 is subject to 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 SSU Accounts Payable at 707-664-3833.

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

VOLUNTARY STATISTICAL DATA SHEET Information to be used for reporting purposes only

Public Contract Code 10111 requires state agencies to capture information on ethnicity, race and gender (ERG) of business owners on all awarded contracts and procurements to the extent that the information has been voluntarily reported to the department. The awarding department is prohibited from using this data to discriminate or provide a preference in the solicitation or acceptance of bids, quotes, or estimates for goods, services, construction and/or information technology. This information shall not be collected until after the contract award is made. The completion of this form is <u>strictly voluntary</u>.

The data you provide on this form should best describe the *ownership of your business*. Ownership of a business should be determined as follows:

- For a business that is an sole proprietorship, partnership, corporation, or joint venture at least 51 percent is owned by one or more individuals in a classification designated below or, in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more individuals in a designated classification, or
- For other business entities, the owner is the person controlling management and daily operations and who "owns" the business.

For purposes of this report, respond only if the business has its home office in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other business.

Ethnicity/Minority Classification	As defined in Public Contract Code Section 2051 (c)		

- Asian-Indian a person whose origins are from India, Pakistan, or Bangladesh.
- **Black** a person having origins in any of the Black racial groups of Africa.
- Hispanic a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race.
- **Native American** an American Indian, Eskimo, Aleut, or Native Hawaiian.
- Pacific Asian a person whose origins are from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Trust Territories of the Pacific including the Northern Marianas
- Other Any other group of natural persons identified as minorities in the respective project specifications of an awarding department or participating local agency.

Race Classification		As defined by the Office of Management and Budget, Federal Register Notice, October 30, 1997, at http://www.whitehouse.gov/omb/fedref/1997standards.html			Register Notice, 997standards.html				
	American Indian or Alaska Native				Asian				
	Black or African American				Native Hawaiian o	r Other Pacific Islander			
	Other				White				
Gender Cla	scification								
Gender Cla	ssification								
	Female			□ Male					
Sexual Orie	entation Classification				As defined by Pub	lic Contract Code 10111(f)			
	Lesbian		Bisexual						
	Gay		Transgender						
ITEMS BELOW TO BE COMPLETED BY STATE AGENCY/DEPARTMENT ONLY									
Goods			Services			Construction			
	Total Contract Purchase: _			Contract Award Date:					
DGS VSDS (Rev 07/17)									