

All Sections (2 through 7) Must Be Completed

Section 1 Contact Info:	Sonoma State University Financial Services-Accounts Payable 1801 East Cotati Ave.-Salazar Hall, RM 2052 Rohnert Park, CA 94928 Phone: (707) 664-2619	Completed forms may be sent to: Secure Upload: http://finance.sonoma.edu/accounts-payable (Download form, complete, save, and upload) Fax: (707) 664-4000 Mail: SSU, Financial Services-Accounts Payable	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 Page 2)																																				
Section 2 Name and Address	Vendor's Legal Business Name or Sole Proprietor's Full Legal Name (as shown on your income tax return): DBA, Trade, or Single Member LLC Name (if applicable): Mailing Address (Street and Number or P.O. Box#) City, State and Zip Code:	Phone: E-Mail: Remit-to Address Remit-to City, State, Zip Code:	Fax:																																				
Section 3 Vendor Entity Type	Individual C Corporation S Corporation Partnership Exempt (Non-Profit) Government Entity Estate/Trust Limited Liability Company (LLC). If box selected, IRS classification below must be provided. 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 Number/ITIN <table><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> OR <table><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <i>Note: When taxpayer ID is not provided or does not match IRS records, payment may be subject to backup withholding requirements</i>							-																		-													
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Section 4	Are you employed by the CSU or State of California? Yes No	Are you or any of your employees related to a Sonoma State employee? Yes No If yes, you must provide name and relationship: _____																																					
Section 5 Vendor Activity	Check the Box that Describes Your Primary Business Services: (Non-Medical) Equipment & Supplies Rental Payment Participant Fee (No services are provided) Services: (Medical/Health Care) Attorney/Legal Fees Other (Specify) _____ Prizes/Awards (No services provided)																																						
Section 6 Vendor Residency Status for Tax Purposes	Check All Boxes That Apply to California Income Tax Withholding Status I am a U.S. Citizen U.S. corporation, partnership, trust, or estate I am a Permanent Resident Alien and I have a Green Card I am <u>not</u> a U.S. Citizen, and I do <u>not</u> have a Permanent Resident Alien Green Card <i>Foreign Nationals in this category <u>must</u> complete the "Foreign National Data Collections Form" and IRS W-8BEN before contract or payment</i> Foreign coporation, partnership, trust, estate, or other freign entity (Must attach IRS W-8BEN-E) Note: Services performed outside the U.S. do not require federal tax withholding; however, invoices must state "All services were performed outside of the U.S." 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 the California Secretary of State (SOS) to do business in CA California Non-resident (see page 2)-Payments to CA non-resident may be subject to state income tax withholding Note: Services performed outside of California do not require state tax withholding; however, invoice must state "All services were performed outside of the state of CA." For services performed both inside and outside of CA, you must allocate those services using FTB form 587.																																						
Section 7 Certification	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. <table><tr><td>Authorized Vendor Representative's Name:</td><td>Title:</td></tr><tr><td>Signature:</td><td>Date:</td></tr></table>			Authorized Vendor Representative's Name:	Title:	Signature:	Date:																																
Authorized Vendor Representative's Name:	Title:																																						
Signature:	Date:																																						

AP USE ONLY:

SUPPLIER ID _____

Created/Modified by: _____

Approved by: _____



VENDOR DATA RECORD

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

Are you a California 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 taxpayer identification number.

A **corporation** is defined as a “resident” if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.

For **individuals and 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.

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

For information on residency status, contact 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
Website – www.ftb.ca.gov

Are you subject to California nonresident tax withholding?

Payments made to California nonresident vendors, including corporations, individuals, partnerships, estates and trusts, are subject to California income tax withholding. California 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 withholding is required if total payments to the payee are \$1,500 or less for the calendar year.

A California nonresident vendor may request that income tax withholding be waived by sending a completed form FTB 588 to the FTB at the address below. A waiver will generally be granted when a payee 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, the vendor should complete FTB form 587, allocating where the services were performed and submit the form directly to SSU.

A California nonresident vendor may request a reduction in the standard 7% income tax withholding amount by sending a 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 of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.

For more information, contact the Franchise Tax Board:
Withholding Services and Compliance Section
P.O. Box 942867
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 **strictly voluntary**.

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)
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- ☐ **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
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- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Other | <input type="checkbox"/> White |

Gender Classification

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

Sexual Orientation Classification	As defined by Public Contract Code 10111(f)
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- | | |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Transgender |

ITEMS BELOW TO BE COMPLETED BY STATE AGENCY/DEPARTMENT ONLY
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- | | | |
|--------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Goods | <input type="checkbox"/> Services | <input type="checkbox"/> Construction |
|--------------------------------|-----------------------------------|---------------------------------------|

Total Contract Purchase: _____ Contract Award Date: _____