CALIFORNIA STATE UNIVERSITY, LONG BEACH

VENDOR DATA RECORD STD 204 2019

(Required in lieu of IRS W-9 when doing business with CSULB or Foundation Auxiliaries)

VENDOR #

1 PLEASE RETURN TO:

DEPARTMENT/OFFICE
CSULB-ACCOUNTS PAYABLE DEPARTMENT

STREET ADDRESS
6300 STATE UNIVERSITY DR. SUITE 280

CITY, STATE, ZIP CODE
LONG BEACH, CA 90815-4680

TELEPHONE NUMBER **(562) 985-2512**
FAX NUMBER **(562) 985-1702**

CHECK ONE BOX ONLY

- ◯ **Campus Routing LBCMP**
  Email: AP-UPLOADS@csulb.edu
- ◯ **Foundation Routing LBFDN**
  Email: FND-AP@csulb.edu

2

VENDOR'S BUSINESS NAME

SOLE PROPRIETOR-ENTER OWNER'S FULL NAME (Last, First, M.I.)

MAILING ADDRESS (Number and Street or P.O. Box Number)

CITY, STATE AND ZIP CODE

PLEASE CHECK ALL APPLICABLE

- ☐ Equipment/Supplies
- ☐ Non-Med Services
- ☐ Medical Services
- ☐ Interest
- ☐ Non-Employee Compensation
- ☐ Rent
- ☐ Royalties
- ☐ Attorney Fees
- ☐ Legal Settlement
- ☐ Prize/Awards
- ☐ Accept Credit Cards as form of payment
- ☐ Accept ACH transfers as form of payment

3 VENDOR ENTITY TYPE

SELECT ONE ONLY

- ◯ **MEDICAL CORPORATION** (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)
- ◯ **EXEMPT (Non-profit)**
  Please attach a copy of 501C and California form 590
- ◯ **ALL OTHER CORPORATIONS**
- ◯ **LIMITED LIABILITY COMPANY *** _____
- ◯ **PARTNERSHIP**
- ◯ **ESTATE OR TRUST**
- ◯ **INDIVIDUAL/SOLE PROPRIETOR OR SINGLE LLC**

* Type C for C Corporation, S for S Corporation or P for Partnership.

CHECK IF APPLICABLE

- ☐ Certified DVBE Certified
- ☐ Small Business
- ☐ Government OSDS Certification

Number is: _____

4 VENDOR'S TAXPAYER I.D. NUMBER

SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF THE REVENUE AND TAXATION CODE SECTION 18646 (SEE REVERSE)

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)

IF VENDOR ENTITY TYPE IS CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER **FEIN**.

SOCIAL SECURITY NUMBER

IF VENDOR ENTITY TYPE IS INVIDUAL/ SOLE PROPRIETOR, ENTER **SSN**.

NOTE: Payment will not be processed without an accompanying taxpayer I.D. number unless considered a foreign vendor.

☐ **CHECK** here if company does **not** have a location within US borders.

5 VENDOR RESIDENCY STATUS

CHECK APPROPRIATE BOX(ES)

- ☐ CALIFORNIA RESIDENT
- ☐ CALIFORNIA NONRESIDENT (See reverse) - Payment for services by nonresidents may be subject to state income tax withholding.
  - ☐ REGISTERED TO DO BUSINESS IN CALIFORNIA - **Please attach California form 590**
  - ☐ SERVICES PERFORMED OUTSIDE OF CALIFORNIA - **Please attach California form 587**
  - ☐ PART OF SERVICES PERFORMED OUTSIDE OF CALIFORNIA - **Please attach California form 587**
  - ☐ FTB DETERMINATION LETTER FOR WAIVED OR REDUCED WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED

US STATUS: ◯ US Citizen ◯ US Permanent Resident ◯ Foreign National/Entity ◯ US Entity

BACKUP WITHOLDING:
(Check appropriate box)

- ☐ I am not subject to backup withholding. (select below)
  - ◯ I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends.
  - ◯ The IRS has notified me that I am no longer subject to backup withholdings.
  - ◯ I am exempt from backup withholding.
- ☐ I am subject to backup withholding.

6 CERTIFYING SIGNATURE

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.

AUTHORIZED VENDOR REPRESENTATIVE'S NAME (Type or Print)	TITLE	TELEPHONE NUMBER
SIGNATURE	DATE	FAX OR EMAIL ADDRESS

PURPOSE: Information contained in this form will be used by CSULB 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.

CALIFORNIA STATE UNIVERSITY, LONG BEACH

VENDOR DATA RECORD

STD. 204 (REVERSE)

ARE YOU A RESIDENT OR A NONRESIDENT?

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

A **corporation** will be considered a "resident" if it has apermanent 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

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 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) 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.

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/her 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 how that information will be used.

California State University, Long Beach (CSULB) requires that all parties entering into business transactions that may lead to payment(s) from the University 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.