

**STATE OF CALIFORNIA - DEPARTMENT OF FINANCE**

**VENDOR DATA RECORD STD 204 (Rev 01-2023)**

*(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)*

<b>Vendor Number:</b>
-----------------------

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

<b>1</b>  <b>PLEASE RETURN TO:</b>	DEPARTMENT/OFFICE <b>CSU BAKERSFIELD-PAYMENT SERVICES</b>	<b>PURPOSE:</b> 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 return of this fully completed form will prevent delays when processing payments. <i>(See Privacy Statement on reverse.)</i>
	STREET ADDRESS <b>9001 STOCKDALE HWY-ADM35</b>	
	CITY, STATE, ZIP CODE <b>BAKERSFIELD, CA 93311-1022</b>	
	TELEPHONE NUMBER <b>(661)654-2531 or (661)654-2535</b> <b>FAX (661) 654-2134</b>	

<b>2</b>	VENDOR'S BUSINESS NAME	<b>PLEASE CHECK ALL APPLICABLE</b>  <input type="checkbox"/> Equipment/Supplies <input type="checkbox"/> Rent <input type="checkbox"/> Royalties <input type="checkbox"/> Other Income <input type="checkbox"/> Non-Med Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Attorney Fees <input type="checkbox"/> Legal Settlement <input type="checkbox"/> Travel Reimburse <input type="checkbox"/> Interest  <input type="checkbox"/> Accept Credit Cards as form of payment <input type="checkbox"/> Accept ACH transfers as form of payment
	SOLE PROPRIETOR-ENTER OWNER'S FULL NAME HERE <i>(Last, First, M.I.)</i>	
	REMIT PAYMENT ADDRESS <i>(Number and Street or P.O. Box Number)</i>	
	<i>(City, State, and Zip Code)</i>	

<b>3</b>	CHECK ONE BOX ONLY	<input type="checkbox"/> <b>GOVERNMENT</b>	<b>CHECK IF APPLICABLE</b>  <input type="checkbox"/> <b>Certified DVBE</b>  <input type="checkbox"/> <b>Certified Small Business / Micro Business</b>  <b>OSDS Certification No.</b> _____
	<input type="checkbox"/> <b>MEDICAL CORPORATION</b> <i>(Including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)</i>	<input type="checkbox"/> <b>PARTNERSHIP CORPORATION</b>	
	<input type="checkbox"/> <b>EXEMPT ORGANIZATION (Non-profit)</b> Copy of 501C may be required <b>LLC enter the tax classification</b>	<input type="checkbox"/> <b>ESTATE OR TRUST</b> <b>INDIVIDUAL/SOLE PROPRIETOR or SINGLE-MEMBER LLC</b>	

**LIMITED LIABILITY- C=C corporation, S= S Corporation, P= Partnership-**

<b>4</b>	<b>SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF THE REVENUE AND TAXATION CODE SECTION 18646 (See reverse)</b>	<b>NOTE:</b> Payment will not be processed without an accompanying taxpayer I.D. number unless considered a foreign vendor.  <input type="checkbox"/> <b>CHECK here</b> if company does <b>not</b> have a location within US borders.	
	FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)		SOCIAL SECURITY NUMBER
	IF VENDOR ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER <b>FEIN</b> .		IF VENDOR ENTITY TYPE IS INDIVIDUAL/ SOLE PROPRIETOR, ENTER <b>SSN</b> .

<b>5</b>	<b>VENDOR RESIDENCY STATUS</b>	<b>NOTE:</b> a. An estate is a resident if decedent was a California resident at time of death.  b. A trust is a resident if at least one trustee is a California resident. <i>(See reverse.)</i>
	CHECK APPROPRIATE BOX(ES) FOR CA NON-RESIDENT ONLY <input type="checkbox"/> California Resident – Qualified to do business in CA or a permanent place of business in CA <input type="checkbox"/> Nonresident <i>(See Reverse)</i> Payments for services by nonresidents may be subject to state withholding  <input type="checkbox"/> WAIVER OF CA STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA  <input type="checkbox"/> I am A US Citizen <input type="checkbox"/> I Am A Permanent Resident Alien and I have a Green Card <input type="checkbox"/> I Am NOT a US Citizen and I DO NOT have a Permanent Resident Alien Green Card <input type="checkbox"/> Tax Exempt by Tax Treaty    Country of Residency: _____	

<b>6</b>	<b><i>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.</i></b>		
	AUTHORIZED VENDOR REPRESENTATIVE'S NAME <i>(Type or Print)</i>	TITLE	TELEPHONE NUMBER <b>(required)</b>
	SIGNATURE	DATE	EMAIL ADDRESS <b>(required)</b>

**Vendor Information**

Vendor Name		Vendor No. (AP Office Use)	
Address	City	ST	Zip
Vendor Contact Name/Title	Phone	Fax	
Email Address for Remittance Advice (**required**)			

The above named Vendor hereby authorizes the CSU Bakersfield to originate Automated Clearing House (ACH) credit entries to the Vendor's account, as indicated below, for payment/reimbursement of goods and/or services.

**Banking Information**

Checking

Savings

Name on Bank Account	
Name of Bank	
Bank Routing Number*	Bank Account #

\*Please provide the 9 digit bank routing number\*

The routing number from a deposit slip is invalid, if your organization has a change in bank accounts, please provide at least thirty (30) day notice.

**Vendor Authorization**

\_\_\_\_\_

Authorized Name/Title                      Authorized Signature                      Date

CSU Accounts Payable Use:	Date Received:	Date Entered:	Entered By:
---------------------------	----------------	---------------	-------------

Print Form

## CA Resident Packet

STATE OF CALIFORNIA  
**VENDOR DATA RECORD**  
STD. 204 (REV.03-2022) (REVERSE)

### 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

### 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 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 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.

### FOREIGN CITIZENS and FOREIGN BUSINESS

Federal tax withholding regulations differ significantly from California tax withholding requirements. A tax analysis consultation and additional forms may be required 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 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.