

**Thank you for your interest in doing business with California State University, Monterey Bay (CSUMB). We are in the continuous process of maintaining an accurate and current Vendor database. To help with our efforts we request that the following two forms (detailed below) are completed and returned to the CSUMB Contracts & Procurement Office for processing.**

**Vendor Data Record (Form 204)**

Before we can process any invoice(s) for full payment we are **required** by state law to have a completed Vendor Data Record on file. Please complete and return this form within 10 days to avoid delay in receiving your payment. If you do not return the Vendor Data Record your check may reflect an approximate 30% reduction. This withheld amount will be paid to the IRS or the Franchise Tax Board. If your organization is not subject to backup withholding by the IRS or the Franchise Tax Board, returning the completed Vendor Data Record will ensure that CSU Monterey Bay releases the appropriate payment to your organization. Please note, Federal Form W-9 CANNOT be substituted for the Vendor Data Record.

**Vendor Information Form**

Please fill out this form to assist in developing/maintaining our Vendor/Contractor database with current information regarding your business, services and/or products. Completing the Vendor Information Sheet is not a requirement. Nevertheless, submission of this form will help ensure all purchase orders, payments, and correspondences are promptly received by your business.

**For your convenience, these completed forms may be either mailed, faxed, or sent via email.**

Mailing address:  
CSU Monterey Bay  
100 Campus Center, Mountain Hall Suite B  
Seaside, CA 93955

**Fax number:**  
**831-582-5122**  
**Email: [Procurement@csumb.edu](mailto:Procurement@csumb.edu)**

Thank you again for your interest in doing business with us.

Miguel Silva  
Business & Support Services  
CSU Monterey Bay  
[Msilva@csumb.edu](mailto:Msilva@csumb.edu)

**VENDOR / PAYEE DATA RECORD**

Required when receiving payment from the State of California. Do not use IRS W-9

**California State University, Monterey Bay**

<b>1</b>	<b>INSTRUCTIONS:</b> Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this <b>fully completed</b> form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. <b>PLEASE PRINT LEGIBLY</b>																																																										
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# STATE OF CALIFORNIA VENDOR DATA RECORD

STD. 204 (REV. 2-97) (CSUMB REV. 8-09) (REVERSE)

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## ARE YOU A 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 vendor identification number.

A **corporation** is 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 individual/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 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 1-916-845-6500  
For hearing impaired with TDD, call 1-800-822-6268

## 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 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 \$1,500 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 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.**

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### **FOREIGN CITIZENS and FOREIGN BUSINESSES**

**Federal tax withholding regulations differ significantly from California tax withholding requirements. A tax analysis consultation and additional forms must be completed before a payment can be released.**

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## 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 be subject to a 31% 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 the business services unit or the accounts payable unit of the state agency(ies) with which you transact that 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.

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### **NOTE:**

An estate is a resident if decedent was California resident at time of death.  
A trust is a resident if one or more trustees have California residency.

California State University, Monterey Bay  
 Business and Support Services  
 100 Campus Center, Mountain Hall Ste. B, Seaside, CA 93955-8001

**Vendor Information Sheet**

*All information entered on this page is voluntary*

Send Orders To:		Send Payments To:	
Name:		Name:	
Attn:		Attn:	
Address:		Address:	
City/ State/ Zip:		City/ State/ Zip:	
Email Address:		Email Address:	
Phone:		Phone:	
Fax:		Fax:	
Website:		Website:	

**SSN/Federal Identification Number:** \_\_\_\_\_

<p><b>Please Check Type of Business (if applicable):</b></p> <p><input type="checkbox"/> Large</p> <p><input type="checkbox"/> Government Agency</p> <p><input type="checkbox"/> Non-Profit Organization</p>	<p><b>Gender:</b></p> <p><input type="checkbox"/> Male <span style="margin-left: 100px;"><input type="checkbox"/> Female</span></p>
<p><b>DGS Certified</b> (Through Office of Small Business and DVBE Services)                  Submit a copy of certification with this form.  <a href="http://www.dgs.ca.gov/pd/Programs/OSDS.aspx">http://www.dgs.ca.gov/pd/Programs/OSDS.aspx</a></p> <p><input type="checkbox"/> SB - Small Business</p> <p><input type="checkbox"/> MB - Micro Business</p> <p><input type="checkbox"/> DVBE - Disabled Veterans Business Enterprise</p> <p>Provide your current OSDS Reference Number:                  _____</p>	<p><b>Ethnicity/Minority Classification: PCC section 2051 (c)</b></p> <p><input type="checkbox"/> Asian Indian <span style="margin-left: 100px;"><input type="checkbox"/> Hispanic</span></p> <p><input type="checkbox"/> Pacific Asian <span style="margin-left: 100px;"><input type="checkbox"/> Native American</span></p> <p><input type="checkbox"/> Black <span style="margin-left: 100px;"><input type="checkbox"/> Other minority group</span></p>
	<p><b>Race Classification: As defined at</b>  <a href="http://www.whitehouse.gov/omb/fedreg_1997standards">http://www.whitehouse.gov/omb/fedreg_1997standards</a></p> <p><input type="checkbox"/> American Indian <span style="margin-left: 100px;"><input type="checkbox"/> Native Hawaiian</span>                  or Alaskan Native <span style="margin-left: 100px;">or Other Pacific Islander</span></p> <p><input type="checkbox"/> White <span style="margin-left: 100px;"><input type="checkbox"/> Asian</span></p> <p><input type="checkbox"/> Other <span style="margin-left: 100px;"><input type="checkbox"/> Black or African American</span></p>
	<p><b>Sexual Orientation Classification: PCC 10111 (f)</b></p> <p><input type="checkbox"/> Lesbian <span style="margin-left: 100px;"><input type="checkbox"/> Bisexual</span></p> <p><input type="checkbox"/> Gay <span style="margin-left: 100px;"><input type="checkbox"/> Transgender</span></p>

<b>Authorized Vendor Representative's Name (Print)</b>	<b>Title</b>
_____	_____

<b>Signature</b>	<b>Date</b>	<b>Telephone Number</b>
_____	_____	_____