





Auxiliary Organizations of CSU Monterey Bay

Thank you for your interest in doing business with an Auxiliary Organization of California State University Monterey Bay. 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 University Corporation Accounting office.

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 will 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 the Auxiliary Organization of CSU Monterey Bay releases full 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 or faxed.

Mailing address: University Corporation at Monterey Bay 8 Upper Ragsdale Dr Monterey, CA 93940

Fax number: 831-656-0117

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

Cynthia Marsee
Accounting Clerk
University Corporation at Monterey Bay
clynch@csumb.edu

STATE OF CALIFORNIA VENDOR DATA RECORD

STD. 204 (REV. 2-97) (CSUDH REV. 7-03) (REVERSE)

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** 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 on 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 WITHOLDING?

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

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.

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.

VENDOR DATA RECORD						Vendor #:			
STD. 204 (REV. 2-97) (CSUDH Rev. 11/03) NOTE: Governmental entities, federal, state, and local (including public school districts) are not required to submit this form.									
1 DI FASE	DEPARTMENT/OFFICE Auxiliary Organizations of CSU Monterey Bay STREET ADDRESS 8 Upper Ragsdale Dr.			PURPOSE: Information contained in this form be used by state agencies to prepare informat Returns (Form 1099) and for withholding payments to nonresident vendors. Prompt return					
PLEASE RETURN TO:	CITY, STATE, ZIP CODE Monterey, CA 93940	this fu	this fully completed form will prevent delays when processing payments.						
$\rightarrow \rightarrow \rightarrow \rightarrow$	TELEPHONE NUMBER FAX: (831) 582-3500 (831) 656-01		- (See Privacy State				ment on reverse)		
	VENDOR'S BUSINESS NAME - LEAVE BLANK IF INDIVIDUAL	Pa	yee PHO	NE NUM	BER	_			
2	INDIVIDUAL NAME / SOLE PROPRIETOR NAME – ENTER OWNER'S FULL NAME HERE (Last, First, M.I.								
	MAILING ADDRESS (Number and Street or P.O. Box #)								
	(City, State and Zip Code)								
	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):		-						
3 A	PARTNERSHIP (LP) LIMITED LIABILITY CORP	(LLC) (If ap	plicable, sp	pecify belo	w) If Sir	gle Membe	r LLC, complete 3B		
PAYEE	CORPORATION (INC)				_		NOTE:		
ENTITY TYPE	NONPROFIT CORP(Exempt)*	NOTE: to Form 8	Must pro				Payment will not be processed without the		
	*Must provide IRS Proof		ect to 109				proper accompanying taxpayer I.D. number		
							NOTE:		
	INDIVIDUAL, SOLE PROPRIETOR, SINGLE MEMBER LLC, or		-				Govt Entities and CSUMB or Aux Org		
3 B	JOINT ACCOUNT						Employees NOT required to submit this form		
		ENTER SOCIAL SECURITY NUMBER by authority of California Revenue and Tax Code Section 18646)							
3 C	Please Check if providing:								
4	Check All Boxes That Apply	NOTE: Prior to making payments to foreign							
	Federal Income Tax Withholding Status (A	citizens, United States tax laws require all							
VENDOR RESIDENCY	employers to perform tax analysis with respondent Allert Annual Permanent Resident Green Card I Am Not a U.S. Citizen and I Do Not Have a Permanent Resident Green Card to country of citizens								
DECLARATION For Tax	Note: All Foreign Citizens/Entities <u>must complete a tax analysis before payments can be made</u> . Tax Exempt by Tax Treaty. Country of Residency: (Please See reverse)								
Purposes									
All Payments Made By The University Are Subject To	California State Tax Withholding Status California Resident Qualified to do business in CA or have a perm		NOTE: An estate is a resident if decedent was a California resident at						
Federal and California State		subject to state taxes.							
Tax Laws	A Waiver from CA state tax withholding is attached (From the C		trustees are CA residents. Rules for assessing State taxes						
	All services related to this payment were performed OUTSIDE	differ significantly from Federal tax rules. (Please See reverse)							
5	I hereby certify under penalty of perjury under the laws of the State of California that the information provided on document is true and correct. If my residency status should change, I will promptly inform you.								
	AUTHORIZED VENDOR REPRESENTATIVE'S NAME (PRINT)	TITLE							
CERTIFYING SIGNATURE	SIGNATURE	DATE	TELEPHONE N			NUMBER			

Auxiliary Organizations of CSU Monterey Bay 8 Upper Ragsdale Dr., Monterey, CA 93940

VENDOR INFORMATION SHEET

Please provide the following information:

SEND ORDERS TO:		SEND PAYMENTS TO						
Name:	Name:							
Attn:	Attn:							
Address:	Addres	S:						
0://0/ / /7:	0:1 /01	. /7:						
City/State/Zip: Email Address:	City/Sta	ate/Zip: Address:						
Phone:	Phone:							
Fax:	Fax:							
Web Site		Web Site						
Address:		Address:						
5 1 111 da di N. 1								
Federal Identification Number								
Please check type of business:	_	y Data Classificati	ions:					
Check One	Gender:	Male		Female				
Large	Ethnicity	/ Minority:		remale				
☐ Government Agency		Asian Indian		Hispanic				
Non-Profit Organization		Pacific Asian		Native American				
☐ Small		Black		Other				
DGS-Certified* *Certified through Office of Small Business and DVBE Service	Race:	American Indian or Alaska Native		Native Hawaiian or Other Pacific Islander				
		White		Asian				
		Other		Black or African American				
If "DGS - Certified is checked:		Corporation						
Provide your current OSDS Reference Number:		Multiple Owners						
Submit a copy of certification with this form.		Decline to State						
Please check if applicable:		Sexual Orientation Classification: PCC 10111(f) Lesbian Bisexual						
 DISABLED VETERAN BUSINESS ENTERF Submit a copy of certification with this form. 	PRISE	☐ Gay ☐ Transgender						
AUTHORIZED VENDOR REPRESENTATIVE'S NAME (PRINT)	TITLE							
SIGNATURE	DATE	TELEPHONE NU	JMBER					