



## 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

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# STATE OF CALIFORNIA VENDOR DATA RECORD

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



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

**VENDOR INFORMATION SHEET**

Please provide the following information:

SEND ORDERS TO:	
Name:	
Attn:	
Address:	
City/State/Zip:	
Email Address:	
Phone:	
Fax:	
Web Site Address:	

SEND PAYMENTS TO	
Name:	
Attn:	
Address:	
City/State/Zip:	
Email Address:	
Phone:	
Fax:	
Web Site Address:	

Federal Identification Number _____	
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<p><b>Please check type of business:</b> <b>Check One</b></p> <p><input type="checkbox"/> Large</p> <p><input type="checkbox"/> Government Agency</p> <p><input type="checkbox"/> Non-Profit Organization</p> <p><input type="checkbox"/> Small</p> <p><input type="checkbox"/> DGS-Certified* *Certified through Office of Small Business and DVBE Service</p>	<p><b>Voluntary Data Classifications:</b></p> <p><b>Gender:</b>  <input type="checkbox"/> Male                      <input type="checkbox"/> Female</p> <p><b>Ethnicity / Minority:</b>  <input type="checkbox"/> Asian Indian                      <input type="checkbox"/> Hispanic  <input type="checkbox"/> Pacific Asian                      <input type="checkbox"/> Native American  <input type="checkbox"/> Black                      <input type="checkbox"/> Other</p> <p><b>Race:</b>  <input type="checkbox"/> American Indian or Alaska Native                      <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> White                      <input type="checkbox"/> Asian  <input type="checkbox"/> Other                      <input type="checkbox"/> Black or African American</p>
<p><b>If "DGS - Certified is checked:</b> Provide your current OSDS Reference Number: _____ Submit a copy of certification with this form.</p>	<p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Multiple Owners</p> <p><input type="checkbox"/> Decline to State</p>
<p><b>Please check if applicable:</b></p> <p><input type="checkbox"/> DISABLED VETERAN BUSINESS ENTERPRISE Submit a copy of certification with this form.</p>	<p><b>Sexual Orientation Classification: PCC 10111(f)</b>  <input type="checkbox"/> Lesbian                      <input type="checkbox"/> Bisexual  <input type="checkbox"/> Gay                      <input type="checkbox"/> Transgender</p>

AUTHORIZED VENDOR REPRESENTATIVE'S NAME (PRINT)	TITLE	
SIGNATURE	DATE	TELEPHONE NUMBER