



**VENDOR DATA RECORD STD 204 (REV: 7/11/16)**

REQUIRED IN LIEU OF W-9 WHEN DOING BUSINESS WITH THE STATE OF CALIFORNIA

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

<b>RETURN TO:</b>	DEPARTMENT/OFFICE: <b>CSUN PURCHASING &amp; CONTRACT ADMINISTRATION</b>		PURPOSE: 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. (See Privacy Statement on Page 2).		
	STREET ADDRESS: <b>18111 Nordhoff Street, UN-180</b>				
	CITY, STATE AND ZIP CODE: <b>Northridge, CA 91330-8231</b>		TELEPHONE NUMBER: <b>818-677-2301 / FAX: 818-677-6544</b>		
<b>Section 1</b>  <b>NAME AND ADDRESS</b>	VENDOR'S BUSINESS NAME:		PHONE:	FAX:	
	SOLE PROPRIETOR OWNER'S FULL NAME (LAST, FIRST, MI):			EMAIL ADDRESS:	
	BUSINESS/MAILING ADDRESS (STREET NO. OR PO BOX NO.):		REMIT-TO-ADDRESS:		
	CITY, STATE AND ZIP CODE:		REMIT TO CITY, STATE AND ZIP CODE:		
<b>Section 2</b>  <b>VENDOR ENTITY &amp; PAYMENT TYPE</b>	<b>CHECK ONE BOX ONLY</b>			<b>CHECK ALL BOXES THAT APPLY</b>	
	<p><input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR (<i>Must provide SSN or ITIN</i>)</p> <p><input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST</p> <p><input type="checkbox"/> LIMITED LIABILITY CORP. <input type="checkbox"/> EXEMPT ORGANIZATION (<i>Not for Profit</i>)</p> <p><input type="checkbox"/> CORPORATION (<i>Copy of exempt certificate is required</i>)</p> <p><input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> ALL OTHER ENTITIES <i>(Including Dentistry, Podiatry, etc)</i></p>			<p><input type="checkbox"/> Equipment/Supplies <input type="checkbox"/> Prizes/Awards</p> <p><input type="checkbox"/> Services <input type="checkbox"/> Rent</p> <p><input type="checkbox"/> Royalties <input type="checkbox"/> Legal Settlement</p> <p><input type="checkbox"/> Interest <input type="checkbox"/> Attorney Services</p> <p><input type="checkbox"/> Non-Employee Compensation</p>	
<b>Section 3</b>  <b>VENDOR'S TAXPAYER ID NUMBER</b>	<b>Social Security Number or ITIN is Required for Individuals/Sole Proprietor by Authority of the Revenue and Taxation Code Section 18646 (See Page 2)</b>				
	Federal Employer Identification Number (FEIN):		Social Security Number/ITIN:		<b>CHECK IF APPLICABLE:</b> Certified DVBE Certified Small Business Government OSDS Certification Number: _____
	<i>Corporation, Partnership, Estate or Trust</i>		<i>Individual or Sole Proprietor</i>		
<b>Section 4</b>  <b>VENDOR RESIDENCY DECLARATION FOR TAX PURPOSES</b>  All payments made by the University are subject to Federal and/or California State tax withholding requirements. (See Page 2)	<b>CHECK ALL BOXES THAT APPLY</b>				
	<p><input type="checkbox"/> I am a US Citizen</p> <p><input type="checkbox"/> I am a Permanent Resident Alien and I have a Green Card</p> <p><input type="checkbox"/> I am not a US Citizen and I do not have a Permanent Resident Green Card <i>Note: All Foreign Citizens/Entities must complete a tax analysis before payments can be made. Payments may be subject to Federal tax withholding.</i></p> <p><input type="checkbox"/> All Services related to this payment are performed OUTSIDE of the United States</p>				
	<b>California State:</b>  California Resident – Qualified to do business in CA or have a permanent place of business in CA. California Nonresident (See Page 2, Section 4) Payments to CA nonresidents may be subject to State tax withholding. A Waiver from CA State tax withholding is attached (From CA Franchise Tax Board). All Services related to this payment are performed OUTSIDE the State of California.				
<b>Section 5</b>  <b>CERTIFYING SIGNATURE</b>	<b>I hereby certify under penalty of perjury under the laws of the State of California that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.</b>				
	Authorized Vendor Representative ( <b>TYPE OR PRINT</b> ):		Title:	Telephone:	
	Signature:		Date:	Fax Number:	

**Requirement to Complete Vendor Data Record, STD. 204**

A completed Payee Vendor Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.

Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099 and 1042-s) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.

<b>Section 1</b>	Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here. Complete <i>remit to</i> address for payments.
<b>Section 2</b>	Check <b>ONE</b> box that corresponds to the payee entity type. Check <b>ALL</b> boxes that are applicable to the category of payment.
<b>Section 3</b>	The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a). Individuals and sole proprietorships shall provide Social Security Number (SSN) or Individual Tax Identification Number (ITIN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).
<b>Section 4</b>	<p><b><u>Are you a California resident or nonresident?</u></b></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and 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 that 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.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees 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 payee are \$1,500 or less for the calendar year.</p> <p><b>FOREIGN CITIZENS AND FOREIGN BUSINESSES</b></p> <p>Federal tax withholding regulations differ significantly from California tax withholding requirements. A tax analysis and additional forms must be completed before a payment can be released.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <p>Withholding Services and Compliance Section: 1-888-792-4900                      Website: <a href="http://www.ftb.ca.gov">www.ftb.ca.gov</a> Outside the United States: 1-916-845-4900                                      For hearing impaired with TDD, call: 1-800-822-6268</p>
<b>Section 5</b>	Provide the name, title, signature and telephone number of the beneficial owner of the payment requested or authorized agent of beneficial owner.

**Privacy Statement**

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their 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.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup 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 that business.

All questions should be referred to the requesting State agency.

**VOLUNTARY STATISTICAL DATA SHEET**  
Information to be used for reporting purposes only

Public Contract Code 10111 requires state agencies to capture information on ethnicity, race, gender, and sexual orientation (ERGSO) of business owners on all awarded contracts and procurements to the extent that the information has been voluntarily reported to the department. The awarding department is prohibited from using this data to discriminate or provide a preference in the solicitation or acceptance of bids, quotes, or estimates for goods, services, construction and/or information technology. This information shall not be collected until after the contract award is made. The completion of this form is **strictly voluntary**.

The data you provide on this form should best describe the *ownership of your business*. Ownership of a business should be determined as follows:

- For a business that is an sole proprietorship, partnership, corporation, or joint venture at least 51 percent is owned by one or more individuals in a classification designated below or, in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more individuals in a designated classification, or
- For other business entities, the owner is the person controlling management and daily operations and who “owns” the business.

*For purposes of this report, respond only if the business has its home office in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other business.*

**Ethnicity/Minority Classification** As defined in Public Contract Code Section 2051 (c)

- Asian-Indian** – a person whose origins are from India, Pakistan, or Bangladesh.
- Black** – a person having origins in any of the Black racial groups of Africa.
- Hispanic** – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race.
- Native American** – an American Indian, Eskimo, Aleut, or Native Hawaiian.
- Pacific Asian** – a person whose origins are from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Trust Territories of the Pacific including the Northern Marianas
- Other** – Any other group of natural persons identified as minorities in the respective project specifications of an awarding department or participating local agency.

**Race Classification** As defined by the Office of Management and Budget, Federal Register Notice, October 30, 1997, at <http://www.whitehouse.gov/omb/fedref/1997standards.html>

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Other                            | <input type="checkbox"/> White                                     |

**Gender Classification**

- |                                 |                               |                                      |
|---------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Transgender |
|---------------------------------|-------------------------------|--------------------------------------|

**Sexual Orientation Classification** As defined by Public Contract Code 10111(f)

- |                                  |                                   |                              |
|----------------------------------|-----------------------------------|------------------------------|
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay |
|----------------------------------|-----------------------------------|------------------------------|

**ITEMS BELOW TO BE COMPLETED BY STATE AGENCY/DEPARTMENT ONLY**

- |                                |                                   |                                       |
|--------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Goods | <input type="checkbox"/> Services | <input type="checkbox"/> Construction |
|--------------------------------|-----------------------------------|---------------------------------------|

Total Contract Purchase: \_\_\_\_\_ Contract Award Date: \_\_\_\_\_