

**PAYMENT DATA RECORD STD 204 (REV 04-2003)** (Required in lieu of IRS W-9 when doing business with the State of Calif)

*NOTE: Governmental entities, federal, state, & local (including public school districts) need to submit this form and indicate their exempt status.*

ARE YOU A NEW VENDOR? Y/N \_\_\_\_\_ ARE YOU UPDATING EXISTING INFORMATION ON FILE? Y/N \_\_\_\_\_

<b>Return to:</b>	<b>UCSC - Accounts Payable</b> <b>1156 High Street</b> <b>Santa Cruz, CA 95064</b> <b>FAX to (831) 459-5037</b> Questions: Call (831) 459-2909	<b>PURPOSE:</b> Information contained in this form will be used by UCSC to collect business information, to prepare information returns (Form 1099) and for withholding on payments to nonresident payees. <b>See Privacy Statement and Residency Information on reverse/page two of this form</b>
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BUSINESS NAME or DBA NAME	PERSONS OR SOLE PROPRIETOR (DBA) -ENTER FULL NAME HERE (Last, First)
(REQUIRED) PERMANENT BUSINESS Address- (number & Street or P.O. Box)	(REQUIRED) PERMANENT REMITTANCE Address (if different from Business Address)
	(OPTIONAL) CAMPUS MAIL STOP (Complete ONLY after providing Permanent Address)
City, State, and Zip Code	City, State, and Zip Code
Phone #:	Toll Free #
	FAX #

<b>PAYEE'S ENTITY TYPE</b> (Company or Person)  CHECK ONE BOX ONLY	<b>COMPANIES</b>		<b>PERSONS</b>	
	<input type="checkbox"/> NON PROFIT CORPORATION <input type="checkbox"/> MEDICAL CORPORATION (including Dentistry, Podiatry, Psychotherapy, Optometry, Chiropractic) <input type="checkbox"/> ALL OTHER CORPORATIONS	<input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> PARTNERSHIP OR LLC <input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> UCSC EMPLOYEE <input type="checkbox"/> UCSC STUDENT <input type="checkbox"/> EMPLOYEE or STUDENT of another UC campus <input type="checkbox"/> OTHER PERSON (no UC affiliation)	

**ACTIVITY Check box(es)**

<input type="checkbox"/> MEDICAL/LEGAL SVCS	<input type="checkbox"/> EQUIPMENT/SUPPLIES	<input type="checkbox"/> ROYALTIES	<input type="checkbox"/> NON-EMPLOYEE COMPENSATION	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> SERVICES(nonmedical)	<input type="checkbox"/> RENT	<input type="checkbox"/> PRIZES/AWARDS	<input type="checkbox"/> REIMBURSEMENT	<input type="checkbox"/> TRAVEL

Specify your invoice payment terms (e.g., 2% 15/Net 30): \_\_\_\_\_ Do you collect Calif State sales tax? If so, what % \_\_\_\_\_  
 List primary goods or services offered by you or your company: \_\_\_\_\_

<b>PAYEE'S TAXPAYER I.D. NUMBER</b>	<b>NOTE: SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF THE REVENUE AND TAXATION CODE SECTION 18646 (See reverse)</b>		<b>NOTE: Payment cannot be processed without a taxpayer ID</b>
	FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) -	SOCIAL SECURITY NUMBER - -	
	IF PAYEE'S ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST ENTER FEIN.		IF PAYEE'S ENTITY TYPE IS INDIVIDUAL/SOLE PROPRIETOR, ENTER SSN.

<b>PAYEE'S CITIZENSHIP - Check Appropriate Box(es)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a U.S. Citizen? If no, what is the country of your citizenship? _____  <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Non-Resident (Non U.S. Citizen)? If yes, what country of residency do you claim? _____	<b>PAYEE'S RESIDENCY - Check Appropriate Box(es)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Resident Alien? If yes, attach a copy of the Resident Alien card.  <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Resident of Calif for tax purposes? If no, what State do you claim residency in? _____
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**Foreign Visitors:** A copy of the visitor's I-94 is required for all visa types. A Certificate of Academic Activity is required if a visitor holds a B-1, B-2, WB or WT visa.  
 Mexican and Canadian visitors who enter the U.S. without a visa or I-94 must provide copy of their passport or other legal identification. In addition, completion of a Certificate of Academic Activity form is required.  
 Additional paperwork may be required for foreign visitors. Contact UCSC Payroll Office at 831-459-4208 for additional information.

**TAX WITHHOLDING INFORMATION - Check Appropriate Box(es)**

Yes  No Waiver of State Withholding from Franchise Tax Board is attached

Yes  No Were services performed in California? If yes, what % of the service was performed in California? \_\_\_\_\_%

Note: Payments to nonresidents for services performed in California may be subject to State tax withholding.

<b>Business Size:</b> <input type="checkbox"/> Large (>500 employees) <input type="checkbox"/> Small (<500 employees) <input type="checkbox"/> Yes <input type="checkbox"/> No US SBA Certified	<b>Business Type:</b> <input type="checkbox"/> Women-owned (51% or more) <input type="checkbox"/> Disadvantaged (51% or more) <input type="checkbox"/> Veteran-owned (51% or more)	<b>Questions?: 831-459-3343</b> <input type="checkbox"/> Service-Disabled Veteran-owned (51% or more) <input type="checkbox"/> Historically Black Colleges & Universities <input type="checkbox"/> HUBZone	<b>Conflict of Interest? Call:</b> 831-459-2084 if an employee or near relative may be selling goods or services
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<b>REQUIRED SIGNATURE</b>	<b>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.</b>		
	AUTHORIZED PAYEE'S REPRESENTATIVE'S NAME (Type or Print)	TITLE	
	SIGNATURE	DATE	TELEPHONE

## ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

### ARE YOU A RESIDENT OR A NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the State of California must indicate their residency status along with their payee's 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 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.

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

For hearing impaired with TDD, call: 1-800-822-6268

Payments made to nonresident payees, including corporations, individuals, partnerships, estates and trusts, are 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.

A nonresident payee 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 payee has a history of filing California returns and making timely estimated payments. If the payee 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 of the Waiver of State Withholding to this form.**

## 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 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.