

Required when doing business with CSUDH - No IRS W-9 form needed (Foreign vendors also submit IRS W-8 BEN)

<p>1 RETURN TO:</p>	<p>CSU Dominguez Hills - Accounts Payable (ASI) <i>To protect your data, hard copies will not be accepted.</i> Submit form securely via link: https://www.dropbox.com/request/xUpGj16mMs61kRKF6zj7 Questions: (310) 243-3807</p>	<p>PURPOSE: Information contained in this form will be used by CSUDH 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 and California Non-Resident Withholding Information on next page.</p>																									
<p>2 NAME AND ADDRESS</p>	<p>LEGAL BUSINESS NAME (INCLUDING DBA IF APPLICABLE) OR INDIVIDUAL/SOLE PROPRIETOR NAME (FIRST MI LAST) PHONE NUMBER</p>																										
	<p>PURCHASE ORDER ADDRESS:</p>	<p>PAYMENT ADDRESS:</p>																									
	<p>NUMBER/STREET/PO BOX</p>	<p>NUMBER/STREET/PO BOX</p>																									
	<p>CITY, STATE, ZIP CODE</p>	<p>CITY, STATE, ZIP CODE</p>																									
	<p>PURCHASING EMAIL ADDRESS</p>	<p>A/R EMAIL ADDRESS</p>																									
<p>3 TAX ID AND ENTITY TYPE</p>	<p>INDIVIDUAL / SOLE PROPRIETOR SSN: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>CORPORATION PARTNERSHIP EXEMPT (government, non-profit) TRUST/ESTATE EIN: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>LIMITED LIABILITY COMPANY (LLC): Taxed as Corporation Taxed as Partnership</p>																										<p>For Tax ID entry instructions, please see next page</p> <p>NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.</p>
<p>4 PAYMENT TYPE</p>	<p>PLEASE CHECK ALL BOXES THAT ARE APPLICABLE TO THE CATEGORY OF PAYMENT:</p> <table border="0" style="width: 100%;"> <tr> <td>SUPPLIES/EQUIPMENT</td> <td>ATTORNEY/LEGAL FEES (M10)</td> <td>TRAVEL REIMBURSEMENT</td> </tr> <tr> <td>SERVICES: MEDICAL (M06)</td> <td>RENT/LEASE (M01)</td> <td>OTHER NON-EMPLOYEE REIMBURSEMENT</td> </tr> <tr> <td>SERVICES: NON-MEDICAL (N01)</td> <td>ROYALTIES (M02)</td> <td>OTHER INCOME (M03)</td> </tr> </table>			SUPPLIES/EQUIPMENT	ATTORNEY/LEGAL FEES (M10)	TRAVEL REIMBURSEMENT	SERVICES: MEDICAL (M06)	RENT/LEASE (M01)	OTHER NON-EMPLOYEE REIMBURSEMENT	SERVICES: NON-MEDICAL (N01)	ROYALTIES (M02)	OTHER INCOME (M03)															
SUPPLIES/EQUIPMENT	ATTORNEY/LEGAL FEES (M10)	TRAVEL REIMBURSEMENT																									
SERVICES: MEDICAL (M06)	RENT/LEASE (M01)	OTHER NON-EMPLOYEE REIMBURSEMENT																									
SERVICES: NON-MEDICAL (N01)	ROYALTIES (M02)	OTHER INCOME (M03)																									
<p>5 RESIDENCY DECLARATION FOR TAX PURPOSES</p>	<p>CALIFORNIA STATE TAX WITHHOLDING STATUS (Applies to all vendors):</p> <p>California Resident California Form 590 (Withholding Exemption Certificate) attached</p> <p>California Non-Resident Waiver of State withholding from California Franchise Tax Board attached California Form 590 (Withholding Exemption Certificate) attached <u>All</u> services for payments issued are performed OUTSIDE of California No Services are being rendered, only goods are being provided for payment</p>		<p>CA Form 590 required if your address above in section 2 is a non-CA address</p> <p>CA NON-RESIDENTS: 7% may be withheld from payment unless one of the lower four boxes on left is applicable.</p>																								
	<p>FEDERAL INCOME TAX WITHHOLDING STATUS (Individuals/Sole Proprietors only):</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> <p>I am a US citizen.</p> <p>I am a Permanent Resident Alien and I have a Green Card.</p> <p>I am a DACA recipient (copy of EAD card required).</p> </td> <td style="width: 50%;"> <p>I am not a US citizen or DACA recipient, nor do I have a Permanent Resident Green Card (IRS form W-8 BEN required). Additional documents may be requested for tax determination.</p> </td> </tr> </table>			<p>I am a US citizen.</p> <p>I am a Permanent Resident Alien and I have a Green Card.</p> <p>I am a DACA recipient (copy of EAD card required).</p>	<p>I am not a US citizen or DACA recipient, nor do I have a Permanent Resident Green Card (IRS form W-8 BEN required). Additional documents may be requested for tax determination.</p>																						
<p>I am a US citizen.</p> <p>I am a Permanent Resident Alien and I have a Green Card.</p> <p>I am a DACA recipient (copy of EAD card required).</p>	<p>I am not a US citizen or DACA recipient, nor do I have a Permanent Resident Green Card (IRS form W-8 BEN required). Additional documents may be requested for tax determination.</p>																										
<p>6 CERTIFYING SIGNATURE</p>	<p><i>I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify CSU Dominguez Hills.</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Authorized Representative's Name (Type or Print)</td> <td colspan="2">Title</td> </tr> <tr> <td>Signature</td> <td>Date</td> <td>Phone Number</td> </tr> </table>			Authorized Representative's Name (Type or Print)	Title		Signature	Date	Phone Number																		
Authorized Representative's Name (Type or Print)	Title																										
Signature	Date	Phone Number																									

VENDOR DATA RECORD (STD. 204) INSTRUCTIONS (Rev 7/1/21)

Section 1 **Requirement to Complete Vendor Data Record**
 A completed Vendor Data Record (VDR) is required for payments to all vendors and will be kept on file at CSUDH. Please return the fully completed VDR form and any other necessary documents for vendor setups/updates to CSUDH - ACCOUNTS PAYABLE at the address listed in this section.

Section 2 Enter the payee's legal business name **as shown on your income tax return**. Individuals/Sole proprietorships must also include the owner's full name **as shown on your income tax return**.
 The purchasing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here. The remit-to address should be the address the payee chooses to receive payments. If there are multiple remit-to addresses for the same payee, please list them and send it together with the completed Vendor Data Record (VDR) form.

Check **ONE** box that corresponds to the payee entity type. (For more information on account types and TIN info, visit www.IRS.gov)

For this type of Account		Give name and SSN of:
1	Individual	The individual
2	Two or more individuals (joint account)	The actual owner of the account or if combined funds, the first individual on the account
3	Custodian account of a minor	The minor
4	a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee The actual owner
5	Sole proprietorship or disregarded entity owned by an individual	The owner
6	Grantor trust filing under Optional Form 1099 filing Method	The grantor
For this type of Account		Give name and EIN of:
7	Disregarded entity not owned by an individual	The owner
8	A valid trust, estate, or pension trust	Legal entity
9	Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10	Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11	Partnership or multi-member LLC	The partnership
12	A broker or registered nominee	The broker or nominee
13	Account with the Dept of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14	Grantor trust filing under the Form 1041 filing Method or the Optional Form 1099 filing Method 2	The trust

Section 4 Check **ALL** boxes that are applicable to the category of payment.

Section 5 **ARE YOU A CALIFORNIA RESIDENT OR NONRESIDENT?**
 A **corporation** will be defined as a CA Resident if it has a permanent place of business in California or is qualified through the Secretary of State to conduct business in California.
 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 the time of death. A trust is considered a resident if at least one trustee is a California resident.
 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 which 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 non resident.
 Payments to all non-resident vendors 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.
 If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form and submit to CSUDH.
 For information on Nonresident withholding, contact the Franchise Tax Board at the numbers listed below:
 Withholding Services and Compliance Section: 1-888-792-4900 or Outside the United States: 1-916-845-4900
 For hearing impaired with TDD, call: 1-800-822-6268 or E-mail Address: wscs.gen@ftb.ca.gov or visit FTB's Website: www.ftb.ca.gov

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.
 Individuals: [IRS form W-8 BEN](#)
 Entities: [IRS form W-8 BEN-E](#)

Section 6 Provide the name, title, signature and telephone number of the beneficial owner of the payment requested or authorized agent of beneficial owner.
 Provide the date the form was completed.

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.