

STATE OF CALIFORNIA - DEPARTMENT OF FINANCE

VENDOR DATA RECORD STD 204 (Rev 01-2023)

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

Vendor Number: _____

NOTE: Governmental entities. Federal, state, and local (including school districts) are not required to submit this form.

1	DEPARTMENT/OFFICE CSU BAKERSFIELD-PAYMENT SERVICES	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 reverse.)		
PLEASE RETURN TO:	STREET ADDRESS 9001 STOCKDALE HWY-ADM35			
	CITY, STATE, ZIP CODE BAKERSFIELD, CA 93311-1022			
	TELEPHONE NUMBER (661)654-2531 or (661)654-2535 FAX (661) 654-2134			
2	VENDOR'S BUSINESS NAME	PLEASE CHECK ALL APPLICABLE <input type="checkbox"/> Equipment/Supplies <input type="checkbox"/> Rent <input type="checkbox"/> Royalties <input type="checkbox"/> Other Income <input type="checkbox"/> Non-Med Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Attorney Fees <input type="checkbox"/> Legal Settlement <input type="checkbox"/> Travel Reimburse <input type="checkbox"/> Interest <input type="checkbox"/> Accept Credit Cards as form of payment <input type="checkbox"/> Accept ACH transfers as form of payment		
	SOLE PROPRIETOR-ENTER OWNER'S FULL NAME HERE (Last, First, M.I.)			
	REMIT PAYMENT ADDRESS (Number and Street or P.O. Box Number)			
	(City, State, and Zip Code)			
3	CHECK ONE BOX ONLY <input type="checkbox"/> MEDICAL CORPORATION (Including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.) <input type="checkbox"/> EXEMPT ORGANIZATION (Non-profit) Copy of 501C may be required LLC enter the tax classification	<input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PARTNERSHIP CORPORATION <input type="checkbox"/> ESTATE OR TRUST INDIVIDUAL/SOLE PROPRIETOR or SINGLE-MEMBER LLC Corporation, P= Partnership-	CHECK IF APPLICABLE <input type="checkbox"/> Certified DVBE <input type="checkbox"/> Certified Small Business / Micro Business OSDS Certification No. _____	
4	SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF THE REVENUE AND TAXATION CODE SECTION 18646 (See reverse) FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) SOCIAL SECURITY NUMBER <table style="width:100%; border:none;"> <tr> <td style="border:1px solid black; width:40%; height:20px; text-align:center;"> _ - _ - _ </td> <td style="border:1px solid black; width:60%; height:20px; text-align:center;"> _ - _ - _ </td> </tr> </table> IF VENDOR ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN. IF VENDOR ENTITY TYPE IS INDIVIDUAL/ SOLE PROPRIETOR, ENTER SSN.	_ - _ - _	_ - _ - _	NOTE: Payment will not be processed without an accompanying taxpayer I.D. number unless considered a foreign vendor. <input type="checkbox"/> CHECK here if company does not have a location within US borders.
_ - _ - _	_ - _ - _			
5	CHECK APPROPRIATE BOX(ES) <input type="checkbox"/> California Resident – Qualified to do business in CA or a permanent place of business in CA <input type="checkbox"/> Nonresident (See Reverse) Payments for services by nonresidents may be subject to state withholding <input type="checkbox"/> WAIVER OF CA STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA <input type="checkbox"/> I am A US Citizen <input type="checkbox"/> I Am A Permanent Resident Alien and I have a Green Card <input type="checkbox"/> I Am NOT a US Citizen and I DO NOT have a Permanent Resident Alien Green Card <input type="checkbox"/> Tax Exempt by Tax Treaty Country of Residency: _____	NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See reverse.)		
6	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.			
CERTIFYING SIGNATURE	AUTHORIZED VENDOR REPRESENTATIVE'S NAME (Type or Print)	TITLE	TELEPHONE NUMBER	
	SIGNATURE	DATE	EMAIL ADDRESS	

Nonresident Withholding Allocation Worksheet

The payee completes this form and returns it to the withholding agent. The withholding agent keeps this form with their records.

Part I Withholding Agent Information

Withholding agent's name

Address (apt./ste., room, PO box, or PMB no.)

City (If you have a foreign address, see instructions.)

State

ZIP code

Part II Nonresident Payee Information

Payee's name

SSN or ITIN FEIN CA Corp no. CA SOS file no.

Address (apt./ste., room, PO box, or PMB no.)

City (If you have a foreign address, see instructions.)

State

ZIP code

Nonresident payee's entity type: (Check one)

- Individual/sole proprietor
- Corporation
- Partnership
- Limited liability company (LLC)
- Estate or trust

Part III Payment Type

Nonresident payee: (Check one)

- Performs services totally outside California (no withholding required, skip to Certification of Nonresident Payee)
- Provides only goods or materials (no withholding required, skip to Certification of Nonresident Payee)
- Provides goods and services in California (see Part IV, Income Allocation)
- Provides services within and outside California (see Part IV, Income Allocation)
- Other (Describe) _____

If the nonresident payee performs all the services within California, withholding is required on the entire payment for services unless the payee is granted a withholding waiver from the Franchise Tax Board (FTB). For more information, get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines.

Part IV Income Allocation

Gross payments expected from the withholding agent during the calendar year for:

	(a) Within California	(b) Outside California	(c) Total payments
1 Goods and services:			
Goods/materials (no withholding required)	_____	_____	_____
Services (withholding required)	_____	_____	_____
2 Rents or lease payments	_____	_____	_____
3 Royalty payments	_____	_____	_____
4 Prizes and other winnings	_____	_____	_____
5 Other payments	_____	_____	_____
6 Total payments subject to withholding.			
Add column (a), line 1 through line 5	_____	_____	_____
Nonresident withholding threshold amount: ...	\$1,500.00		
Backup withholding threshold amount:	\$0.00		

Certification of Nonresident Payee

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that if the facts upon which this form are based change, I will promptly notify the withholding agent.

Sign Here

Print or type payee's name	Telephone
Payee's signature X	Date
Print or type representative's name and title	Telephone
Authorized representative's signature X	Date

2023 Withholding Exemption Certificate**590****The payee completes this form and submits it to the withholding agent. The withholding agent keeps this form with their records.****Withholding Agent Information**

Name _____

Payee InformationName _____ SSN or ITIN FEIN CA Corp no. CA SOS file no.

Address (apt./ste., room, PO box, or PMB no.) _____

City (If you have a foreign address, see instructions.) _____

State _____ ZIP code _____

Exemption Reason**Check only one box.**

By checking the appropriate box below, the payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

 Individuals — Certification of Residency:

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

 Corporations:

The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

 Partnerships or Limited Liability Companies (LLCs):

The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.

 Tax-Exempt Entities:

The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

 Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit-Sharing Plans:

The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

 California Trusts:

At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.

 Estates — Certification of Residency of Deceased Person:

I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.

 Nonmilitary Spouse of a Military Servicemember:

I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

CERTIFICATE OF PAYEE: Payee must complete and sign below.Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that if the facts upon which this form are based change, I will promptly notify the withholding agent.

Type or print payee's name and title _____ Telephone _____

Payee's signature ► _____ Date _____