

OPPORTUNITY DRAWING PRIZE INFORMATION

To be completed by club representative:

Club Name: _____ ST: _____

Item: _____ Price \$: _____

Released by Print Name: _____

Signature: _____ Date: _____

As the recipient; I certify and acknowledge as follows:

1. By accepting my prize, I acknowledge that I have received taxable income for which I am personally and solely responsible.

2. I understand that the fair market value of my raffle prize is \$ _____

3. The university will report the fair market value of my raffle prize to:

- The Internal Revenue Service for non-employees/non-students of CSUSB
- CSUSB Financial Aid Office for any current/active CSUSB student
- The California State Controller's Office W-2 Unit for any CSUSB employee

I further certify that I am currently (please check appropriate box and provide required number):

Non-employee/non-student of CSUSB

Complete the required Payee Data Record Form (STD 204) is completed in full, signed, and attached

CSUSB Student Coyote #ID: (required) _____

CSUSB Employee Employee ID# (required) _____

The raffle prize inner must present identification (acceptable forms of ID: driver's license, Coyote ID card, etc). Failure to provide all required information and sign this certification will constitute a forfeit of the raffle prize.

Print Name: _____

Signature: _____ Date: _____

For non-employees/non-students, individual prize amounts are required to be tracked throughout the calendar year; cumulative prizes totaling \$600.00 or more for a calendar year will be reported to the Internal Revenue Service as required and a 1099 issued to the recipient by January 31 of the following year.

VENDOR DATA RECORD STD 204

(Required in lieu of IRS W-9 when doing business with CSUSB and its Auxiliaries)

VENDOR #

1 PLEASE RETURN TO:	DEPARTMENT/OFFICE CSUSB-ACCOUNTS PAYABLE DEPARTMENT	Completed forms may be sent to: Fax: 909-537-7080 Mail: Accounts Payable, SH-105 5500 University Parkway San Bernardino, CA 92407
	STREET ADDRESS 5500 UNIVERSITY PARKWAY, SH-105	
	CITY, STATE, ZIP CODE SAN BERNARDINO, CA 92407	
	TELEPHONE NUMBER FAX NUMBER (909) 537-3159 (909) 537-7080	

2	VENDOR'S BUSINESS NAME	PLEASE CHECK ALL APPLICABLE Equipment/Supplies Rent Non-Med Services Royalties Medical Services Attorney Fees Interest Legal Settlement Non-Employee Compensation Prize/Awards Accept Credit Cards as form of payment Accept ACH transfers as form of payment
	SOLE PROPRIETOR-ENTER OWNER'S FULL NAME (Last, First, M.I.)	
	MAILING ADDRESS (Number and Street or P.O. Box Number)	
	CITY, STATE AND ZIP CODE	

3 VENDOR ENTITY TYPE	SELECT ONE ONLY	CHECK IF APPLICABLE
	MEDICAL CORPORATION (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.) EXEMPT (Non-profit) Please attach a copy of 501C and California form 590 ALL OTHER CORPORATIONS LIMITED LIABILITY COMPANY * _____ * Type C for C Corporation, S for S Corporation or P for Partnership.	PARTNERSHIP ESTATE OR TRUST INDIVIDUAL/SOLE PROPRIETOR OR SINGLE LLC
		Certified DVBE Certified Small Business Government OSDS Certification Number is: _____

4 VENDOR'S TAXPAYER I.D. NUMBER	SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF THE REVENUE AND TAXATION CODE SECTION 18646 (SEE REVERSE)	NOTE: Payment will not be processed without an accompanying taxpayer I.D. number unless considered a foreign vendor. CHECK here if company does not have a location within US borders.
	FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) SOCIAL SECURITY NUMBER <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> IF VENDOR ENTITY TYPE IS CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN. IF VENDOR ENTITY TYPE IS INDIVIDUAL/SOLE PROPRIETOR, ENTER SSN.	

5 VENDOR RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES)	BACKUP WITHHOLDING: (Check appropriate box) I am subject to backup withholding. I am not subject to backup withholding. (select below) I am exempt from backup withholding. I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends. The IRS has notified me that I am no longer subject to backup withholdings.
	CALIFORNIA RESIDENT CALIFORNIA NONRESIDENT (See reverse) - Payment for services by nonresidents may be subject to state income tax withholding. REGISTERED TO DO BUSINESS IN CALIFORNIA - Please attach California form 590 SERVICES PERFORMED OUTSIDE OF CALIFORNIA - Please attach California form 587 PART OF SERVICES PERFORMED OUTSIDE OF CALIFORNIA - Please attach California form 587 FTB DETERMINATION LETTER FOR WAIVED OR REDUCED WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED US STATUS: US Citizen US Permanent Resident Foreign National/Entity US Entity	

6 CERTIFYING SIGNATURE	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.		
	AUTHORIZED VENDOR REPRESENTATIVE'S NAME (Type or Print)	TITLE	TELEPHONE NUMBER
	SIGNATURE	DATE	FAX OR EMAIL ADDRESS

PURPOSE: Information contained in this form will be used by CSUSB 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.

VENDOR DATA RECORD

STD. 204 (REVERSE)

ARE YOU A RESIDENT OR A NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with CSUSB must indicate their residency status along with their vendor 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 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 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 1-800-822-6568

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/her 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 how that information will be used.

California State University, San Bernardino (CSUSB) requires that all parties entering into business transactions that may lead to payment(s) from the University 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 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..... 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.

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident vendors, including corporations, individuals, partnerships, estates and trusts, are subject to 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 withholding is required if total payments to the vendor are \$1500 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 listed 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.