

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
VENDOR DATA RECORD STD 204
 (Required in lieu of IRS W-9 when doing business with CSUSB)

VENDOR #

1	DEPARTMENT/OFFICE CSUSB-ACCOUNTS PAYABLE DEPARTMENT	Completed forms may be emailed to: Amber Schneck - Accounts Payable Lead Email: amber.schneck@csusb.edu
PLEASE RETURN TO:	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 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	PLEASE CHECK ALL APPLICABLE <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Equipment/Supplies</td> <td style="width: 50%;">Rent</td> </tr> <tr> <td>Non-Med Services</td> <td>Royalties</td> </tr> <tr> <td>Medical Services</td> <td>Attorney Fees</td> </tr> <tr> <td>Interest</td> <td>Legal Settlement</td> </tr> <tr> <td>Non-Employee Compensation</td> <td>Prize/Awards</td> </tr> <tr> <td>Accept Credit Cards as form of payment</td> <td></td> </tr> <tr> <td>Accept ACH transfers as form of payment</td> <td></td> </tr> </table>	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	
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																

3	SELECT ONE ONLY 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 * _____ <small>* Type C for C Corporation, S for S Corporation or P for Partnership.</small>	CHECK IF APPLICABLE Certified DVBE Certified Small Business Government OSDS Certification Number is: _____
VENDOR ENTITY TYPE	PARTNERSHIP ESTATE OR TRUST INDIVIDUAL/SOLE PROPRIETOR OR SINGLE LLC	

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 <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30%; height: 20px;"></div> <div style="border: 1px solid black; width: 30%; height: 20px;"></div> </div> IF VENDOR ENTITY TYPE IS 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. CHECK here if company does not have a location within US borders.
VENDOR'S TAXPAYER I.D. NUMBER		

5	CHECK APPROPRIATE BOX(ES) 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	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.
VENDOR RESIDENCY STATUS		

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	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(cies) 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.

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 and gender (ERG) 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.

Vendor Information:

Name: _____

City: _____ **State** _____

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

- Female Male Transgender

Sexual Orientation Classification

As defined by Public Contract Code 10111(f)

- Lesbian Bisexual Gay

ITEMS BELOW TO BE COMPLETED BY STATE AGENCY/DEPARTMENT ONLY

- Goods** **Services** **Construction**

Total Contract Purchase: _____ **Contract Award Date:** _____