

**PAYEE DATA RECORD**

Payee #

(Required when receiving payment from the State of California in lieu of IRS W-9) **↑ California State University, Fresno Use Only ↑**

STD. 204 (REV. 7-04)

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

<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">1</div>	DEPARTMENT/OFFICE <b>CALIFORNIA STATE UNIVERSITY, FRESNO</b> STREET ADDRESS 5150 N MAPLE AVE M/S JA58 CITY, STATE, ZIP CODE FRESNO CA 93740-8026 TELEPHONE NUMBER <span style="float: right;">FAX</span> (559) 278-6810 <span style="float: right;">(559) 278-6943</span>	<b>PURPOSE:</b> 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. <i>(See Privacy Statement on reverse)</i>								
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">2</div>	PAYEE'S BUSINESS NAME (Type or Print)  SOLE PROPRIETOR – ENTER OWNER'S FULL NAME HERE (Last, First, M.I.)  MAILING ADDRESS (Number and Street or P.O. Box #)  (City, State and Zip Code) <span style="float: right;">*EMAIL ADDRESS</span>	Payee PHONE NUMBER (      )      -								
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">3</div>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> MEDICAL CORPORATION (Including dentistry, (Podiatry, psychotherapy, optometry, chiropractic, etc.)</td> <td style="width: 50%; border: none;"><input type="checkbox"/> ESTATE OR TRUST</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> EXEMPT CORPORATION (Nonprofit)</td> <td style="border: none;"><input type="checkbox"/> PARTNERSHIP</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> ALL OTHER CORPORATIONS</td> <td style="border: none;"><input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR (Must provide Social Security #)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> LEGAL (e.g., attorney services)</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> MEDICAL CORPORATION (Including dentistry, (Podiatry, psychotherapy, optometry, chiropractic, etc.)	<input type="checkbox"/> ESTATE OR TRUST	<input type="checkbox"/> EXEMPT CORPORATION (Nonprofit)	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> ALL OTHER CORPORATIONS	<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR (Must provide Social Security #)	<input type="checkbox"/> LEGAL (e.g., attorney services)		<p style="text-align: center;"><b>NOTE</b></p> <p>-Government entities - CSU Fresno employees are <b>not</b> required to submit this form.</p>
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<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">5</div>	<p><b>Federal Income Tax Withholding Status</b> (Applies to Individuals Only) :</p> <p>I Am A US Citizen OR I Am A Permanent Resident Alien</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No *If No box is checked, email address is required. See number 2 above.</p> <p><b>California State Tax Withholding Status</b> (Applies to All Vendors) :</p> <p><input type="checkbox"/> <u>California Resident</u> Qualified to do business in CA or have a permanent place of business in CA.</p> <p><input type="checkbox"/> <u>California Nonresident</u> (See Reverse). Payments to CA nonresidents may be subject to state taxes.</p> <p><input type="checkbox"/> Waiver of state tax withholding from California Franchise Tax Board attached</p> <p><input type="checkbox"/> Services performed OUTSIDE of California.</p>	<p style="text-align: center;"><b>NOTE:</b></p> <p><u>Prior to making payments to foreign citizens</u>, United States tax laws require all employers to perform a tax analysis with respect to country of citizenship to determine residency for Federal tax purposes. <b>(Please See reverse)</b></p> <p style="text-align: center;"><b>NOTE:</b></p> <p>An estate is a resident if decedent was a California resident at time of death. A trust is resident if one or more trustees are CA residents. <b>Rules for assessing State taxes differ significantly from Federal tax rules. (Please See reverse)</b></p>								
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">6</div>	<p><b>I hereby certify under penalty of perjury under the laws of the State of California that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (PRINT)</td> <td style="width: 50%; border: none;">TITLE</td> </tr> <tr> <td style="border: none;">SIGNATURE</td> <td style="border: none;">DATE</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">TELEPHONE NUMBER</td> </tr> </table>		AUTHORIZED PAYEE REPRESENTATIVE'S NAME (PRINT)	TITLE	SIGNATURE	DATE		TELEPHONE NUMBER		
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SIGNATURE	DATE									
	TELEPHONE NUMBER									

**ARE YOU A RESIDENT OR NONRESIDENT?**

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

A **corporation** 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 individual/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 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 on trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

U.S. (Toll-Free), call 1-888-792-4900  
Phone, call 1-916-845-4900  
For hearing impaired with TDD, call 1-800-822-6268  
E-mail Address: [wscs.gen@ftb.ca.gov](mailto:wscs.gen@ftb.ca.gov)  
Website: [www.ftb.ca.gov](http://www.ftb.ca.gov)

**ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?**

Payments made to nonresident payees including corporations, individuals, partnerships, estates and trusts are subject to income tax 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 California tax withholding is required if total payments to the vendor 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 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) 845-9512

**If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.**

**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.**

**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 payment for which the requested information is not provided is subject to federal backup 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.

**Payee Data Record Supplement  
Conflict of Interest, DVBE and SB  
California State University, Fresno**

\_\_\_\_\_  
Payee's Business Name

\_\_\_\_\_  
Payee Phone Number

\_\_\_\_\_  
Payee Fax Number

\_\_\_\_\_  
Corporate, Partnership, or Sole Proprietor—Enter Owner(s) Full Name Here (Last, First, M.I.)

\_\_\_\_\_  
Mailing Address (Number and Street or P.O. Box #)

\_\_\_\_\_  
(City, State and Zip Code)

**Conflict of Interest Disclosure**

Read California State University's Conflict of Interest Handbook regarding *Conflicting Personal Financial Interests* at <http://www.fresnostate.edu/adminserv/hr/compliance/conflict-of-interest.html>

Do any California State University, Fresno (Fresno State) employees have a personal financial interest in your business? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, then, please list the name of all Fresno State employees that have a personal financial interest and their relationship to the business or employees in the business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Small Business**

Fresno State's goal is to spend at least 25% of overall annual contract dollars with Small Businesses.

Is your company a State of California Certified Small Business (SB)?

Yes \_\_\_\_\_ No \_\_\_\_\_, If yes, Certification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Disabled Veteran Business Enterprise**

Fresno State's goal is to spend at least 3% of overall annual contract dollars with Disabled Veteran Business Enterprises.

Is your company a State of California Certified Disabled Veteran Business Enterprise (DVBE)?

Yes \_\_\_\_\_ No \_\_\_\_\_, If yes, Certification Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

For certification requirements for SB and DVBE, please go to the State of California's website at:

<http://www.pd.dgs.ca.gov/smbus/default.htm>

I hereby certify under penalty of perjury under the laws of the State of California that the information provided on this document is true and correct.

\_\_\_\_\_  
Authorized Representative Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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.*

**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"/> White                            | <input type="checkbox"/> Other                                     |

**Gender Classification**

- |                                 |                               |                                      |
|---------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Transgender |
|---------------------------------|-------------------------------|--------------------------------------|

**Sexual Orientation Classification** As defined by Public Contract Code 10111(f)

- |                                  |                              |                                   |
|----------------------------------|------------------------------|-----------------------------------|
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Gay | <input type="checkbox"/> Bisexual |
|----------------------------------|------------------------------|-----------------------------------|

**ITEMS BELOW TO BE COMPLETED BY STATE AGENCY/DEPARTMENT ONLY**

- |                                |                                   |                                       |
|--------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Goods | <input type="checkbox"/> Services | <input type="checkbox"/> Construction |
|--------------------------------|-----------------------------------|---------------------------------------|

Total Contract Purchase: \_\_\_\_\_ Contract Award Date: \_\_\_\_\_