



SAN JOSÉ STATE UNIVERSITY
VENDOR DATA RECORD FORM 204
ACCOUNTS PAYABLE

FOR ACCOUNTS PAYABLE USE ONLY

STD. 204 (12.07.12/ac)

Vendor No.: _____

A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. See Privacy Statement on page 2. **Note: Government entities, federal, state, local (including school districts) are not required to submit this form. Email completed form to vendor-request@sjsu.edu or fax to 408-924-1698. All sections (1 to 5) must be completed.**

Section 1 Name & Address	Vendor's Business Name	DBA- Sole Proprietor (Owner's Full Name)															
	Address (Number and Street or P.O. Box)																
	City, State and Zip Code	Phone			Fax												
Section 2 Payee Entity Type and Small Business DVBE	Federal Employee Identification Number (FEIN) :		<table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;">-</td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td> </tr> </table>							-							
			-														
	Check Appropriate Box for Federal Tax Classification:																
	C Corporation		S Corporation		Partnership		Trust Estate		Exempt Organization		Other: _____						
LLC (Select letter type)- C= Corporation; S= S Corporation; P= Partnership: _____																	
Individual or Sole Proprietor--Social Security Number/ITIN:		<table border="1" style="width:100%; text-align:center;"> <tr> <td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;">-</td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;">-</td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td> </tr> </table>							-			-					
		-			-												
CA Certified Small Business/DVBE Certification Reference No.: _____																	
Section 3 Vendor Activity	Check the Box That Describes Your Primary Business:																
	Equipment & Supplies		Services: Non-Medical		Services: Medical		Attorney Fees										
Other- Specify: _____																	
Section 4 Vendor Residency Status for Tax Purposes All Payments Made by the University are Subject to Federal and California State Tax Laws	Check All Boxes That Apply Federal Income Tax Withholdings (Applies to Individuals Only):																
	I am a U. S. Citizen			I am a Permanent Resident Alien and I have a Permanent Resident Green Card													
	I am not a U. S. Citizen and I do not have a Permanent Resident Green Card Note: All Foreign Citizens/Entities must complete a tax analysis before payments can be made.																
	Tax Exempt by Tax Treaty			Country of Residence: _____													
All Services Related to this Payment are Performed Outside of the United States				Federal Income Tax Withheld													
California State Tax Withholding Status (Applies to All Vendors):																	
<u>CA Resident</u> - Qualified to do business in CA or have a permanent place of business in CA																	
<u>CA Non-resident</u> (See page 2)- Payments to CA non-residents may be subject to state taxes																	
A Waiver from CA state tax withholding is attached (From the CA Franchise Tax Board)																	
All services related to this payment are performed OUTSIDE of the State of California																	
Section 5 Certifying Signature	<i>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 San José State University.</i>																
	Authorized Vendor Representative's Name		Signature		Date	Phone											

San José State University
PAYEE DATA RECORD

STD. 204 (12.07.12/ac) (REVERSE)

PURPOSE

Information contained in the Payee Data Record, STD. 204 will be used by state agencies to prepare information returns (Form 1099) and for withholding on payments to non-resident vendors. Prompt return of this fully completed form will prevent delays when processing payments.

Questions should be directed to:

San José State University	Phone: 408-924-1558
Accounts Payable Office	Fax: 408-924-1698
One Washington Square	Email: vendor-request@sjsu.edu
San Jose, CA 95192-0041	

Requirement to Complete Payee Data Record, STD. 204

A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.

Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and non-resident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.

1	Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.
2	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p> <p>Payment will not be processed without an accompanying Taxpayer ID number.</p>
4	<p><u>Are you a California resident or non-resident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>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 time of death. A trust is a resident if at least one trustee is a California resident. Rules for assessing State taxes differ significantly from Federal tax rules.</p> <p>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 that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform particular contract of short duration will be considered a non-resident.</p> <p>Payments to all non-residents may be subject to withholding. Non-resident 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 withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>Prior to making payments to foreign citizens, 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.</p> <p>For information on residency status, contact the Franchise Tax Board at the numbers listed below:</p> <p>Withholding Services and Compliance Section: 1-888-792-4900 Website: www.ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Email address: wscs.gen@ftb.ca.gov</p>
5	Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.

PRIVACY STATEMENT

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their 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. 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 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(ies) with which you transact that business. All questions should be referred to the requesting State agency listed on this form.