

**Tower Foundation
One Washington Square
San Jose, CA 95192-0183
408-924-1779**

VENDOR/CONSULTANT DATA FORM

PLEASE RETURN COMPLETED FORM TO TOWER FOUNDATION A/P, EXT. ZIP 0183

This completed form must be current and on file in our office before payment can be made. The information you provide will help us determine the type of payment appropriate for the service provided.

Vendor/Consultant Name: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____
 Email Address: _____

Vendor Entity Type – Check One Box Only

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Exempt Organization (Non-profit) | <input type="checkbox"/> Estate or Trust |
| <input type="checkbox"/> Individual/Sole Proprietor/Single-member LLC | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> LLC (Select letter type) – C = Corporation; S = S Corporation; P = Partnership: _____ | |

You cannot be paid as a consultant if you are an employee of Tower Foundation or an employee of SJSU.

Vendor's Taxpayer I.D. Number – NOTE: Payment will not be processed without an accompanying taxpayer ID number, unless considered a foreign vendor.

| | |
|--|---|
| FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) | SOCIAL SECURITY NUMBER |
| | |
| IF VENDOR ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN | IF VENDOR ENTITY TYPE IS INDIVIDUAL/SOLE PROPRIETOR, ENTER SSN. |

Vendor Residency Status for Tax Purposes

Check Appropriate Box(es)

| | |
|---|--|
| <input type="checkbox"/> US Citizen or Permanent US Resident Alien (Green Card Holder) | <input type="checkbox"/> Tax Exempt by Tax Treaty |
| <input type="checkbox"/> Nonresident Alien (Not a US Citizen or Permanent Resident Alien) | <input type="checkbox"/> All Services related to this payment are performed OUTSIDE of the United States |
| Country of Residency: _____ | |
| Date of Birth (MM/DD/YEAR): _____ | |

California State Tax Withholding Status (Applies to All Vendors):

- CA Resident – Qualified to do business in CA or have a permanent place of business in CA
- CA Non-Resident – 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

Certifying Signature (Please Read Carefully)

I hereby certify that the information provided on this document is true and correct and that I am not a San Jose State University or Tower Foundation employee. If my residency status should change, I will promptly inform the Tower Foundation.

| | |
|---|----------------|
| _____ Vendor/Consultant Name (Type or Print) | _____ Title |
| _____ Vendor/Consultant Signature | _____ Date |