Review STD 204 1.0
Supplemental Job Aid

Date: 05/01/2019

Target Audience: Department Vendor Processors

Purpose: This Supplemental Job Aid provides Department Vendor Processors (DVP) instructions for how to review STD 204 to validate the accuracy of the form.

Definition: STD 204 is Payee Data Record form submitted by a supplier. The form contains necessary information for payee to receive payment without issues and is required for payee to enter into a transaction with California State Agencies. (Ref SAM 8422.190)

Review STD 204:
This job aid reviews the important sections of STD 204 to ensure the accuracy of the form.

Note:
Recommended to use the newest version of STD 204 available at Payee Data Record Form (STD 204)
Contents

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Step 1: Business information – Section 2.

- **Business name and address**: Make sure Business name and address are filled and legible. Business name must be the legal business name as appears on documents filed with the IRS. Do not use abbreviations or nick names unless they are the legal business name.

![Business Information Form]

- **Sole Proprietor, Single Member LLC, Individual supplier**: If business owner is a Sole Proprietor, Individual, or a Single Member LLC, the business owner or individual should be entered into the field immediately below the Business name. The owner's name must match with the name on SSN, ITIN or FEIN that is provided in Section 3 of the form.

![Sole Proprietor Form]

Note: If the owner of a Single Member LLC is a Corporation or the business entity type in section 3 is a corporation, this field is not required.
Step 2: Business type and Identification – section 3.

- **Choose business type:** Verify that the supplier has selected one box only. The entity type selected by the supplier will be used by VMG to determine the 1099 reporting status of the supplier record. Payee data records with multiple entity types selected in this section will be denied.

Examples:

**Correct: One box marked**

![Example - Correct]

**Incorrect: Multiple boxes marked**

![Example - Incorrect]

- **Tax Identification Number (TIN):** Verify that a TIN is provided by the supplier. TIN can be one (1) of three (3) types. The Payee should identify only one type of TIN. TIN types are:
  - Social Security Number (SSN)
  - Individual Taxpayer Identification Number (ITIN)
  - Federal Employer Identification Number (FEIN)
Note: IRS TIN match is required and is completed by the Vendor Management Group (VMG) prior to the approval of 1099 reportable suppliers. 1099 reportable suppliers include entities that declare as Partnerships, Estates or Trusts, Medical Corporations, Legal Corporations, Sole Proprietors, Individuals and Single Member LLCs. Please see the following image for examples of 1099 reportable entity types as they are shown on the STD.204.

TIN Match required business entities:

- Partnership, Estate or Trust and Corporation: Make sure FEIN is entered.

- Sole Proprietor, Individual or Single member LLC: TIN can be either FEIN or SSN. However, combination of the business name OR Individuals Name and TIN must match to the combination that is registered to IRS.

**TIN type:** Make sure TIN is entered in the correct location of the form according to TIN type. Entering TIN to the wrong location on the form will result TIN match code to be error. Please see following examples.
Example: Sole Proprietor with SSN. TIN match will be conducted with Sole Proprietor and SSN

Example: Sole Proprietor with FEIN. TIN match will be conducted with Sole Proprietor’s (Owner’s) name and FEIN.

- **IRS TIN match**: IRS TIN match will be performed by the VMG for all 1099 reportable suppliers before approval. Possible (most common) results are shown below.
  - **CODE 0**: TIN and Name combination matches IRS records.
    - TIN match is positive and approval process can be moved forward.
  - **CODE 2**: TIN entered is not currently issued.
    - TIN submitted does not exist. Approval process cannot be moved forward until correct TIN is obtained.
  - **CODE 3**: TIN and Name combination does not match IRS records.
    - TIN number exists in the IRS System but does not match the name provided.
Possible reasons for Code 3 include wrong TIN, business name or wrong combination of TIN and Business name (ex: Example Auto Repaid submitted FEIN, however; the business was actually registered the owner’s SSN with IRS.) Approval process cannot be moved forward until correct TIN, Name or combination is obtained.

Step 3: Residency Status:
- Make sure the supplier chooses one.
Step 4: Signature and date:

- Make sure the form contains complete information:
  - Supplier’s signature.
  - Supplier’s printed name.
  - Date.

The form is certified under penalty of perjury and completed by the supplier filling this section. Any form missing information in the abovementioned fields will not be accepted.

- Correct: All important sections filled. Signed by the supplier.

- Electronic signature acceptable as long as the forms is not editable and static.

- Incorrect: Missing Signer’s name
- Incorrect: Missing Signature

![Incorrect Signature Example]

- Incorrect: Missing date

![Incorrect Date Example]

- Incorrect: Signed by someone who is Not from the supplier. Ex: Signed by the requestor Department. STD 204 is signed under penalty of perjury.

![Incorrect Signature by Department Example]

Incorrect: Individual supplier name and Signer name do not match.
Step 6: Initial on edits:

- Make sure any **edits are initialed by the original signer.** This is required in order to be able to confirm that the changes are completed from the original document and therefore recertified **under penalty of perjury.**

  - **Correct:** Signer’s initial on the edit.

    ![Example - Correct](image)

  - **Incorrect:** No signer’s initial on the edit.

    ![Example - Incorrect](image)

  - **Incorrect:** Whited-Out and edited without signer’s initial

    ![Example - Incorrect](image)
Step 7: Make sure the STD 204 is Static.

- **Editable STD 204 will not be accepted.**
  - Examples to make STD 204 static.
    - Scan the hard copy
    - Electrically signed and secured
    - Password protected
  - **Correct: Scanned copy**
    
    ![Example - Correct](image1)

  - **Correct: Electrically signed and secured.**
    
    ![Example - Correct](image2)
- **Correct: Password Protected**

```
PAYEE'S LEGAL BUSINESS NAME (Type of Print)
Example Auto Repair

SOLE PROPRIETOR- ENTER NAME AS SHOWN ON SSN (Last. First. M.I.)
John M Example

MAILING ADDRESS
PO BOX 123

CITY. STATE. ZIP CODE
Sacramento CA 95811
```

- **Incorrect: Editable**

```
PAYEE'S LEGAL BUSINESS NAME (Type of Print)
Example Auto Repair

SOLE PROPRIETOR- ENTER NAME AS SHOWN ON SSN (Last. First. M.I.)
John M Example

MAILING ADDRESS
PO BOX 123

CITY. STATE. ZIP CODE
Sacramento CA 95811
```

**Example - Correct**

```
Password

std204 password test.pdf is protected. Please enter a Permissions Password.

Enter Password:
```

**Example - Incorrect**

```
Example Auto Repair
```

```
123 example st
```

**Example - Editable**

```
Example Auto Repair
```

```
123 example st
```
Step 8: Example of completed STD 204

- Example of completed STD 204 – Partnership

![STD 204 Form Example](image-url)
- **Example** of completed STD 204 – **Estate or Trust**
Example of completed STD 204 – Medical Corporation (ex: physician, dentist, psychotherapy, chiropractic, etc.)
- **Example** of completed STD 204 – **Legal Corporation** (ex: attorney services)

<table>
<thead>
<tr>
<th>STATE OF CALIFORNIA-DEPARTMENT OF FINANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAYEE DATA RECORD</td>
</tr>
<tr>
<td>(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)</td>
</tr>
<tr>
<td>STD 204 (Rev. 1/2018)</td>
</tr>
</tbody>
</table>

**INSTRUCTIONS**: Type or print the information. Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown in Box 6. Prompt return of this fully completed form will prevent delays when processing payments.

Information provided in this form will be used by California state agencies to prepare Information Returns (Form 1069). See next page for more information and Privacy Statement.

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

**BUSINESS NAME**: (As shown on your income tax return)
- Example Law Office

**SOLE PROPRIETOR, SINGLE MEMBER LLC, INDIVIDUAL** (Name as shown on SSN or ITIN) (Last, First, Initial)
- John M Example

**E-MAIL ADDRESS**
- example@example.com

**MAILING ADDRESS**
- PO BOX 123
- SACRAMENTO, CA 95811

**BUSINESS ADDRESS**
- 123 Example St
- SACRAMENTO, CA 95811

**ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):**
- 123456789

**PAYEE ENTITY TYPE**
- ☑ SOLE PROPRIETOR, INDIVIDUAL, OR
- SINGLE MEMBER LLC (Disregarded Entity)

**PAYEE RESIDENCY STATUS**
- ☑ CALIFORNIA RESIDENT - Qualified to do business in California or maintains a permanent place of business in California.
- ☑ CALIFORNIA NON RESIDENT (see next page for more information) - Payments to nonresidents for services may be subject to state income tax withholding.
- No services performed in California.
- Copy of Franchise Tax Board waiver of state withholding attached.

**AUTHORIZED PAYEE REPRESENTATIVE’S NAME (Type or Print)**
- John M Example

**TITLE**
- President / Attorney

**TELEPHONE (include area code)**
- 123456789

**SIGNATURE**
- John M Example

**DATE**
- 06/28/2018

**E-MAIL ADDRESS**
- example@example.com

**DEPARTMENT/OFFICE**
- Department of Example

**UNIT/SECTION**
- Vendor Management Unit

**MAILING ADDRESS**
- 123 Example Rd ste 123

**TELEPHONE (include area code)**
- 123456789

**FAX**
- 123456789

**STATE**
- CA

**ZIP CODE**
- 95811

**E-MAIL ADDRESS**
- info@Example.ca.gov
Example of completed STD 204 – Exempt corporation (ex: non-profit organization)
- **Example** of completed STD 204 – **All other corporation**

```markdown
<table>
<thead>
<tr>
<th>PAYEE DATA RECORD</th>
</tr>
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<tbody>
<tr>
<td><strong>INSTRUCTIONS:</strong> Type or print the information. Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown in Box 6. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by California state agencies to prepare Information Returns (Form 1099). See next page for more information and Privacy Statement. <strong>NOTE:</strong> Governmental entities, i.e., federal, state, and local (including school districts), are not required to submit this form.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BUSINESS NAME (as shown on your income tax return)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example Company Inc</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SOLE PROPRIETOR, SINGLE MEMBER LLC, INDIVIDUAL (Name as shown on SSN or ITIN), Last, First, M.</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-MAIL ADDRESS <a href="mailto:info@examplecomail.com">info@examplecomail.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
</tr>
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<tbody>
<tr>
<td>PO BOX 123</td>
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<tr>
<th>CITY</th>
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<tbody>
<tr>
<td>Sacramento</td>
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<td>95811</td>
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<table>
<thead>
<tr>
<th>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):</th>
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<tbody>
<tr>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CORPORATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL (e.g., medical, psychotherapy, chiropractic, etc.)</td>
</tr>
<tr>
<td>LEGAL (e.g., attorney services)</td>
</tr>
<tr>
<td>EXEMPT (tax-exempt)</td>
</tr>
<tr>
<td><strong>ALL OTHERS</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHECK ONE BOX ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOLE PROPRIETOR, INDIVIDUAL, OR SINGLE MEMBER LLC (Disregarded Entity)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ENTER SSN OR ITIN:</th>
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</thead>
<tbody>
<tr>
<td>Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) are required by authority of California Revenue and Tax Code sections 19460 and 19461</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CALEIFORNIA RESIDENT - Qualified to do business in California or maintains a permanent place of business in California.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALEIFORNIA NON RESIDENT - Payments to nonresidents for services may be subject to state income tax withholding.</td>
</tr>
</tbody>
</table>

| I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency. |

<table>
<thead>
<tr>
<th>AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>John M Example</td>
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<thead>
<tr>
<th>TITLE</th>
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<tr>
<td>CEO</td>
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<tr>
<th>TELEPHONE (include area code)</th>
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<tbody>
<tr>
<td>123456789</td>
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</table>

<table>
<thead>
<tr>
<th>SIGNATURE</th>
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<tbody>
<tr>
<td>&quot;John M Example&quot;</td>
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<table>
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<tr>
<th>DATE</th>
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<tbody>
<tr>
<td>06/28/2018</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>E-MAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:johnexample@examplecomail.com">johnexample@examplecomail.com</a></td>
</tr>
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<thead>
<tr>
<th>DEPARTMENT/OFFICE</th>
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<tbody>
<tr>
<td>Department of Example</td>
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<tr>
<th>UNIT/SECTION</th>
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<tbody>
<tr>
<td>Vendor Management Unit</td>
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<tr>
<th>E-MAIL ADDRESS</th>
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<tbody>
<tr>
<td><a href="mailto:info@example.ca.gov">info@example.ca.gov</a></td>
</tr>
</tbody>
</table>
```
- **Example** of completed STD 204 – **Sole proprietor, Individual or Single Member LLC**.
  
  o **Note**: TIN can be either **FEIN** or **SSN**, however; the **combination** of TIN and business name OR Individual Name must be the one registered to IRS. Otherwise TIN match will result in **Error code**.

- **Example**: **Sole Proprietor or Single Member LLC with FEIN**

  ![STD 204 Form Example](image)

  | STATE OF CALIFORNIA/DEPARTMENT OF FINANCE |
  | PAYEE DATA RECORD (Required when receiving payment from the State of California in lieu of RS W-9 or W-7) |
  | STD204 (Rev. 5/2010) |
  | **INSTRUCTIONS**: Type or print the information. Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown in Box 6. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by California state agencies to prepare Information Returns (Form 1099). See next page for more information and Privacy Statement. **NOTE**: Governmental entities, i.e. federal, state, and local (including school districts), are not required to submit this form. |
  | **BUSINESS NAME** (As shown on your income tax return) Example Auto Repair |
  | **SOLE PROPRIETOR, SINGLE MEMBER LLC, INDIVIDUAL** (Name as shown on SSN or TIN) Last, First, M. Example, John, M. |
  | **MAILING ADDRESS** PO BOX 123 |
  | **CITY** Sacramento |
  | **STATE** CA |
  | **ZIP CODE** 95811 |
  | **BUSINESS ADDRESS** 123 example st |
  | **CITY** Sacramento |
  | **STATE** CA |
  | **ZIP CODE** 95811 |
  | **ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)** 9 8 7 4 5 6 7 8 9 |
  | **PAYEE ENTITY TYPE** |
  | **CHECK ONE BOX ONLY** |
  | **SOLE PROPRIETOR, INDIVIDUAL, OR SINGLE MEMBER LLC (Disregarded Entity)** |
  | **PAYEE RESIDENCY STATUS** |
  | **CALIFORNIA RESIDENT** - Qualified to do business in California or maintains a permanent place of business in California. |
  | **CALIFORNIA NON RESIDENT** (see next page for more information) - Payments to nonresidents for services may be subject to state income tax withholding. |
  | **No services performed in California.** |
  | **Copy of Franchise Tax Board waiver of state withholding attached.** |
  | **AUTHORIZED PAYEE REPRESENTATIVE'S NAME** (Type or Print) John M Example |
  | **TITLE** President/Owner |
  | **E-MAIL ADDRESS** johnexample@examplemail.com |
  | **DATE** 06/28/2018 |
  | **TELEPHONE** (include area code) 123456789 |
  | **SIGNATURE** |
  | **DEPARTMENT/OFFICE** Department of Example |
  | **MAILING ADDRESS** 123 example RD ste 123 |
  | **CITY** Sacramento |
  | **STATE** CA |
  | **ZIP CODE** 95811 |
  | **E-MAIL ADDRESS** info@example.ca.gov |
- **Example:** Sole Proprietor or Single Member LLC with SSN

```
| STATE OF CALIFORNIA-DEPARTMENT OF FINANCE |
| PAYEE DATA RECORD |
| (Required when receiving payment from the State of California in lieu of IRS W-9 or W-7) |
| STD 204 (Rev. 5/2019) |

**INSTRUCTIONS:** Type or print the information. Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown in Box 6. Prompt return of this fully completed form will prevent delays when processing payments.

Information provided in this form will be used by California state agencies to prepare Information Returns (Form1066). See next page for more information and Privacy Statement.

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

**BUSINESS NAME** (as shown on your income tax return)
Example Auto Repair

**SOLE PROPRIETOR, SINGLE MEMBER LLC, INDIVIDUAL** (name as shown on SSN or ITIN) Last, First, M
Example, John, M

**E-MAIL ADDRESS**
johnexample@examplemail.com

**MAILING ADDRESS**
PO BOX 123
CITY Sacramento
STATE CA
ZIP CODE 95811

**BUSINESS ADDRESS**
123 example st
CITY Sacramento
STATE CA
ZIP CODE 95811

**ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):**

**NOTE:** Payment will not be processed without an accompanying taxpayer identification number.

**PAYEE ENTITY TYPE**

- [ ] PARTNERSHIP
- [ ] ESTATE OR TRUST
- [ ] CORPORATION:
  - [ ] MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)
  - [ ] LEGAL (e.g., attorney services)
  - [ ] EXEMPT (nonprofit)
  - [ ] ALL OTHERS

**CHECK ONE BOX ONLY**

- [ ] SOLE PROPRIETOR, INDIVIDUAL, OR SINGLE MEMBER LLC (Disregarded Entity)

**ENTER SSN OR ITIN:**
1 2 3 4 5 6 7 8 9

**PAYEE RESIDENCY STATUS**

- [ ] CALIFORNIA RESIDENT - Qualified to do business in California or maintains a permanent place of business in California.
- [ ] CALIFORNIA NON RESIDENT (see next page for more information) - Payments to nonresidents for services may be subject to state income tax withholding.

  - [ ] No services performed in California.
  - [ ] Copy of Franchise Tax Board waiver of state withholding attached.

**I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.**

**AUTHORIZED PAYEE REPRESENTATIVE'S NAME** (Type or Print)
John M Example

**TITLE**
President / Owner

**TELEPHONE** (include area code)
123456789

**SIGNATURE**
John M Example

**DATE**
06/28/2018

**E-MAIL ADDRESS**
johnexample@examplemail.com

**DEPARTMENT/OFFICE**
Department of Example

**UNIT/SECTION**
Vendor Management Unit

**MAILING ADDRESS**
123 example RD ste 123

**TELEPHONE** (include area code)
123456789

**FAX**

**CITY**
Sacramento

**STATE**
CA

**ZIP CODE**
95811

**E-MAIL ADDRESS**
info@example.ca.gov
```
### Example – Individual with SSN

```
STATE OF CALIFORNIA DEPARTMENT OF FINANCE
PAYEE DATA RECORD
(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)
STD 204 (Rev. 5/2018)

INSTRUCTIONS: Type or print the information. Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown in Box 6. Prompt return of this fully completed form will prevent delays when processing payments.
Information provided in this form will be used by California state agencies to prepare Information Returns (Form 1099). See next page for more information and Privacy Statement.

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

BUSINESS NAME (as shown on your income tax return)

SOLE PROPRIETOR, SINGLE MEMBER LLC, INDIVIDUAL (Name as shown on SSN or ITIN) Last, First, M. E-MAIL ADDRESS
John, M

MAILING ADDRESS
PO BOX 123
CITY Sacramento
STATE CA
ZIP CODE 95811

BUSINESS ADDRESS
123 example st
CITY Sacramento
STATE CA
ZIP CODE 95811

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):

☑ PARTNERSHIP
☐ ESTATE OR TRUST
 ☐ CORPORATION:
☐ MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)
☐ LEGAL (e.g., attorney services)
☐ EXEMPT (nonprofit)
☐ ALL OTHERS

ENTER SSN OR ITIN:

Sole Proprietor, Individual, or SINGLE MEMBER LLC (Disregarded Entity)

CALIFORNIA RESIDENT - Qualified to do business in California or maintains a permanent place of business in California.
☐ CALIFORNIA NON RESIDENT (see next page for more information) - Payments to nonresidents for services may be subject to state income tax withholding.
☐ No services performed in California.
☐ Copy of Franchise Tax Board waiver of state withholding attached.

I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.

AUTHORIZED PAYEE REPRESENTATIVE’S NAME (Type or Print)
John M Example

TITLE
Contractor

TELEPHONE (include area code)
123456789

DATE
06/28/2018

E-MAIL ADDRESS
johnexample@examplemail.com

Please return completed form to:

DEPARTMENT/OFFICE
Department of Example

UNIT/SECTION
Vendor Management Unit

MAILING ADDRESS
123 example RD ste 123

CITY
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