Vendor Number:

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

| 1 PLEASE RETURN TO: | | DEPARTMENT/OFFICE California State University Los Angeles | | PURPOSE: Informati will be used by state | ion contained in this form | | | | |
|--|---------------------|---|---|--|--|--|--|--|--|
| | | STREET ADDRESS 5151 State University Drive, ADM 514 | | Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed | | | | | |
| | | CITY, STATE, ZIP CODE Los Angeles, CA 90032 | | form will prevent delays when processing payments. | | | | | |
| | | TELEPHONE NUMBER (323) 343-3550 FAX (323) 343-3650 | (See Privacy Statement on reverse.) | | | | | | |
| 2 | VENDOR ³ | S BUSINESS NAME | | PLEASE CHEC | K ALL APPLICABLE | | | | |
| | | OPRIETOR AND/OR-ENTER OWNER'S FULL NAME HERE (Last, First, M.I.) | | Equipment/Supplies Rent-1 Royalties-2 Other Income-3 Non-Med Services-7 MedicalServices-6 Attorney Fees-7 Legal/Attorney-3,14 Travel Reimburse | | | | | |
| | | ADDRESS (Number and Street or P.O. Box Number) | | | | | | | |
| . <u> </u> | (City, Stat | e, and Zip Code) | | | | | | | |
| 3 | | Individual Corporation Estate/Trust Partnership Exempt (Nor | n-Profit) | Government Entity | CHECK IF APPLICABLE | | | | |
| | | Limited Liability Company (LLC) - Check the appropriate tax classification below. If Individual (Disregarded Entity) is checked; provide a social security number for Enter Owner's and LLC's names under Vendor's Business name in section two (2) | its owner | (NOT the FEIN for LLC) | Certified DVBE | | | | |
| VENDOR ENTITY TYPE | | Individual (Disregarded Entity) | | Certified Small Business | | | | | |
| | | Corporation Partnership | | ☐ Micro Business OSDS Certification | | | | | |
| | | | | | No | | | | |
| 4 VENDOR'S TAXPAYER I.D. NUMBER | | SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PR AUTHORITY OF THE REVENUE AND TAXATION CODE SECTION 186 FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) SOCIAL SECURITY | NOTE : Payment will not be processed without an accompanying taxpayer I.D. number unless considered a foreign vendor. | | | | | | |
| | | | - | | CHECK here if | | | | |
| | | IF VENDOR ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN . IF VENDOR ENTITY PROPRIETOR, ENT | | SINDIVIDUAL/ SOLE | company does not have a location within US borders. | | | | |
| 5 | | NCY US Entities US Entities US Citizen or Nen Creen Card Helder and Earling Entities, check the bay if appliess are to be performed | | | | | | | |
| | OR TAX | | | | | | | | |
| | | | | | | | | | |
| All Pay Made | | | | | | | | | |
| | sity Are ect To | CHECK CALIFORNIA(FTB) TAX STATUS: | | | | | | | |
| Federal and California State (Non-California US Entities or Foreign Entities) registered with the California Secretary of State (FTB Form 59) (Non-California US Entities or Foreign Entities) NOT registered with the California Secretary of State | | | | | equired) | | | | |
| Tax | Laws | For Non-California vendors, check the box if services are to be performed outside of California (Submit FTB Form 587 if applicable) Check this box if a reduced withholding or waiver letter from FTB is attached | | | | | | | |
| 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. | | | | | | | |
| | IFYING ATURE | AUTHORIZED VENDOR REPRESENTATIVE'S NAME (Type or Print) | TITLE | TELEPHO | DNE NUMBER | | | | |
| | | SIGNATURE | DATE | EMAIL AD | DRESS | | | | |

STATE OF CALIFORNIA VENDOR DATA RECORD

STD. 204 (REV. 8-10) (REVERSE)

ARE YOU A RESIDENT OR A NONRESIDENT?

Each corporation, individual/sole proprietor, partnerships, estate or trust doing business with the State of California 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 on truste 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, call1-800-852-5711 From outside the United States, call1-916-854-6500 From hearing impaired with TDD, call1-800-822-6568

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident vendors, including corporations, individuals, partnerships, estates and trusts, are subject to income tax withholding. Nonresident vendors performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments 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 filling 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.

FOREIGN CITIZENS and FOREIGN BUSINESS

Federal tax withholding regulations differ significantly from California tax withholding requirements. A tax analysis consultation and additional forms may be required 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 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(ies) 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.

2017 Withholding Exemption Certificate

The payee completes this form and submits it to the withholding agent. The withholding agent keeps this form with their records.

Withholding Agent Information

| Name |
|------|
|------|

| Payee Information | | | |
|---|--|-------|----------|
| Name | SSN or ITIN FEIN CA Corp no. CA SOS file no. | | |
| | 1 1 | | |
| Address (apt./ste., room, PO box, or PMB no.) | | | |
| | | | |
| City (If you have a foreign address, see instructions.) | | State | ZIP code |
| | 1 1 | 1 | |

Exemption Reason

Check only one box.

By checking the appropriate box below, the payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

□ Individuals — Certification of Residency:

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

Corporations:

The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

□ Partnerships or Limited Liability Companies (LLCs):

The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.

Tax-Exempt Entities:

The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit-Sharing Plans:

The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

California Trusts:

At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.

Estates — Certification of Residency of Deceased Person:

I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.

Nonmilitary Spouse of a Military Servicemember:

I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

CERTIFICATE OF PAYEE: Payee must complete and sign below.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov** and search for **privacy notice**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that if the facts upon which this form are based change, I will promptly notify the withholding agent.

| Type or print payee's name and title | Telephone () |
|--------------------------------------|--------------|
| Payee's signature | Date |
| | |
| | |