STATE OF CALIFORNIA DEPARTMENT OF FINANCE SUPPLIER INFORMATION FORM – PDR (Required when receiving payment from the STATE OF CALIFORNIA IN LIEU OF IRS W-9) STD. 204 (REV. 6-2003) (SDSU REV 03/2017)

SUPPLIER INFORMATION FORM

REQUIREMENT TO COMPLETE SUPPLIER INFORMATION FORM [PAYEE DATA RECORD, STD. 204] A completed Supplier Information Form (Payee Data Record, PDR, 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 1 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 nonresident 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. Enter the Payee's Legal Business Name. Sole proprietorships must also include the owner's full name. An individual must list his/her full 2 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. 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 3 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). The TIN for Individual and Sole Proprietors is the Social Security Number (SSN). Only Partnerships, Estates, Trusts, and Corporations will enter their Federal Employer Identification Number (FEIN). CALIFORNIA TAX RESIDENCY STATUS A Corporation will be defined as a "resident" if it is a permanent place of business in California or is qualified through the Secretary of State to do business in California. 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. For Individuals and Sole Proprietors, the term "resident" includes every individual who is a resident of (or who resides in) California for other than a temporary or transitory purpose and any individual who is domiciled in California and 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 a particular contract of short duration will be considered a nonresident. 4 Payments to all nonresidents may be subject to 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 withholding is required if total payments to the payee are \$1,500 or less for the calendar year. For information on Nonresident Withholding, contact the Franchise Tax Board at the number listed below: Withholding Services and Compliance Section: 1-888-792-4900 Email address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov FEDERAL TAX RESIDENCY STATUS If you are not a US Citizen or Permanent Resident Alien (Green Card Holder), please complete the SDSU Foreign National Information Form (http://bfa.sdsu.edu/ap/pdf/fnif rev 5.2019.pdf) and Form W-8BEN (https://www.irs.gov/pub/irs-prior/fw8ben-2017.pdf). Foreign entity must complete Form W-8BEN-E (https://www.irs.gov/pub/irs-pdf/fw8bene.pdf). 5 Provide the name, title, authorizing signature, and telephone number of the individual completing this form. Provide the date the form was completed. If not all information is provided form will be returned for completion. To submit, the STD. 204 MUST be faxed or mailed to the requesting State Agency by following the direction on the bottom of Page 2 6

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.

The Supplier Information Form (Payee Data Record, PDR, STD. 204) is a **Protected Level 1** document and must be submitted accordingly to protect the Payees information. 'Payee' applies to INDIVIDUAL, SOLE PROPRIETOR, CORPORATION, PARTNERSHIPS, EXEMPT, and ESTATES/ TRUSTEES. The STD. 204 cannot be submitted electronically by e-mail. This form must be submitted by FAX or MAIL.

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 imposes noncompliance penalties of up to \$20,000.

You must 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 page 2 of this form.

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DO NOT E-MAIL THIS FORM. ALL E-MAILED FORMS WILL BE REJECTED. PLEASE FAX OR MAIL AS INDICATED BELOW.

SDSU OFFICE USE ONLY: SUPPLIER #_

STATE OF CALIFORNIA DEPARTMENT OF FINANCE SUPPLIER INFORMATION FORM – PDR (Required when receiving payment from the STATE OF CALIFORNIA IN LIEU OF IRS W-9) STD. 204 (REV. 6-2003) (SDSU REV 03/2017)

SUPPLIER INFORMATION FORM

| 1 | INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) as instructed at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). This is a PROTECTED LEVEL 1 document, see page 1 for more information and Privacy Statement. | | | | |
|---|--|---|---|--|--|
| | If you are a Student, please complete ONLY Section 2 and Section 5. <u>UNLESS</u> rewarded a Prize or Award, please complete fully. ACTIVE and PRESENT SDSU EMPLOYEE do not complete. SDSU Research Foundation Employee fully complete the form. | | | | |
| | PAYEE'S LEGAL BUSINESS NAME (Type or Print) | | DO BUSINESS AS | DO BUSINESS AS (DBA) | |
| 2 | SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) | | E-MAIL ADDRESS | E-MAIL ADDRESS | |
| | BUSINESS ADDRESS (Address, City, State, Zip Code) | | | | |
| | MAILING ADDRESS (Address, City, State, Zip Code) | | | | |
| 3 | FORM WILL BE RETURNED IF SECTION 3 IS LEFT BLANK OR INCOMPLETE CORPORATION C Corporation | If Supplier Entity Type is CORPORATION, PARTNER FEDERAL EMPLOYEE IDEN | | • | |
| PAYEE | ☐ S Corporation ☐ Legal ☐ Medical ☐ LLC choose either: ☐C Corp ☐ S Corp ☐ Partnership | | | | |
| ENTITY TYPE CHECK ALL BOXES THAT | | If Supplier Entity Type is INDIVIDUAL or SOLE PROPRIETOR, enter: SOCIAL SECURITY NUMBER (SSN) below | | | |
| APPLY | ☐ Estate/ Trust ☐ Exempt ☐ Individual | | | | |
| | ☐ Partnership ☐ Sole Proprietor | (SSN required by authorit | / of CALIFORNIA REVEN | UE and TAX CODE SECTION 18646) | |
| | PLEASE COMPLETE BOTH CALIFORNIA AND FEDERAL THE FORM WILL BE RETURNED IF SECTION 4 IS LEFT BLAN | | | NOTE | |
| 4 | FOR CALIFORNIA TAX PURPOSES: (see page 1) | | | If you are not a US citizen or permanent resident alien, you must complete: | |
| PAYEE | □ California Resident – Qualified to do business in California or maintain a permanent place of business in California. □ NOT A California Resident – Payments to nonresidents for services may be subject to California Income Tax withholding. PLEASE CHECK ALL THAT APPLY (1) SDSU Foreign National Information Form (http://bfa.sdsu.edu/ap/pdf/fnif rev 5:2019.pdf) and (2) Form W-8BEN (https://www.irs.gov/pub/irs-prior/fw8ben-2017.pdf) | | | | |
| RESIDENCY STATUS CHECK ALL | | | | | |
| BOXES THAT APPLY | ☐ No service performed in California. ☐ Service performed in California. ☐ Copy of Franchise Tax Board waive | | hed. | Foreign entity must complete: (1) Form W-8BEN-E | |
| | FOR FEDERAL TAX PURPOSES: (see page 1) US citizen or permanent resident alien (1) Form W-85EN-E (https://www.irs.gov/pub/irs-pdf/fw8bene.pdf) | | | | |
| | ☐ US Entity ☐ Not US citizen or permanent resident alien (see NOTE) ☐ Foreign entity (see NOTE) | | | | |
| | I have read and understand this Supplier Information Form (PDR) and I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency change, I will promptly notify the State agency below. Furthermore, I certify that I have no personal or financial interest and no present or past employment activity which would be incompatible or create a conflict with my ability to conduct business with San Diego State University and that I have read and understand the conflict of interest included in the New Supplier Application Package (http://bfa.sdsu.edu/financial/procurement/docs/SUPPLIER%20INF0%20PACKET%202-7-17.pdf). | | | | |
| | AUTHORIZED PAYEE REPRESENTATIVE'S NAME: | | TITLE: | | |
| 5 | SIGNATURE: | | DATE: | | |
| | TELEPHONE: FAX: | | E-MAIL: | E-MAIL: | |
| | INDIVIDUALS/ SOLE PROPRIETORS, PLEASE FAX OR MAIL A | ALL FORMS TO: COMPA | NIES, PLEASE FAX OR M | IES, PLEASE FAX OR MAIL ALL FORMS TO: | |
| 6 | San Diego State University Accounts Payable FAX: 619-594-49 5500 Campanile Drive San Diego, CA 92182-1611 | 1917 Account 5500 C | ego State University ts Payable ampanile Drive go, CA 92182-1611 | FAX: 619-594-4917 | |

DO NOT E-MAIL THIS FORM. ALL E-MAILED FORMS WILL BE REJECTED. PLEASE FAX OR MAIL AS INDICATED BELOW.

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Emergency Resource Information will be updated annually.

| SDSU OFFICE USE ONLY: SUPPLIER # | |
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| REV. 6-2003) (SDSU REV 03/2017) SUPPLIER INFORMATIO | ON FORM CONTINUED | | | | |
|--|---|--|--|--|--|
| This information is required by each supplier/contractor doing business with the This is a Protected Level 1 document and must be faxed or mailed to the requesting The completed form must be on file with San Diego State University prior to paying Questions please call San Diego State University Accounts Payable, 619-594-08 | State of California. State Agency. nent. Please either clearly PRINT or TYPE. Please use BLACK INK. | | | | |
| SEND PURCHASE ORDERS TO: | SEND/ REMIT PAYMENTS TO: | | | | |
| COMPANY NAME | COMPANY NAME | | | | |
| | | | | | |
| STREET ADDRESS OR PO BOX | STREET ADDRESS OR PO BOX | | | | |
| CITY, STATE, ZIP CODE | CITY, STATE, ZIP CODE | | | | |
| SITE PHONE | SITE PHONE | | | | |
| SITE FAX # (FOR FAX ORDERS) | SITE FAX # (FOR FAX ORDERS) | | | | |
| SITE E-MAIL | SITE E-MAIL | | | | |
| CONTACT NAME/ TITLE | CONTACT NAME/ TITLE | | | | |
| CONTACT PHONE # (IF DIFFERENT FROM SITE PHONE) | CONTACT PHONE # (IF DIFFERENT FROM SITE PHONE) | | | | |
| VENDOR ACTIVITY: (Check all boxes that apply or briefly describe primary commodity, equ | uipment, or service offered under Other) | | | | |
| □ Equipment & Supplies □ Attorney Fees □ Goods □ Services - Non Medical □ Legal Services □ Other (specify) □ Services - Medical □ Interest □ Rent/ Lease □ Prizes & Awards □ Claimant Paid □ Royalties | | | | | |
| SDSU's standard practice is to issue a PURCHASE ORDER with paym | nent terms of NET 30 unless payment discount offered. | | | | |
| Payment Terms (if different from above) | | | | | |
| The university may elect to use Procurement Credit Card for payment of transactions. | | | | | |
| Does your company accept the following payment methods? Procurement Credit Card | | | | | |
| FREIGHT Ship Via: FOB: | CHECK ALL THAT APPLY: Supplier/Contractors certified in the following categories: Disabled Veteran Owned Business* # *Must be certified through OSDS | | | | |
| Contractor's License Classification (Example: Masonry, C-29. If class is Limited Specialty, C-61, specify specialty) | ☐ Small Business* # ☐ Micro Business* # Must be certified by the State of California through OSDS | | | | |
| | * Attached office of Small Business and DVBE Services (OSDS) certification letter. www.pd.dgs.ca.gov/smbus | | | | |
| Emergency Resource information: by providing the following information, supplier, emergency or when the campus is designated a relief shelter for area residents by the used in time of extreme emergencies | | | | | |
| Contact (after business hours): | Relation to business: | | | | |
| Residence Phone: Cellular Phone: | Pager#: | | | | |
| Deliver to Emergency sites? ☐YES ☐NO | Accept return of unused supplies? ☐YES ☐NO | | | | |

Supplier/Contractors endorsement on PDR Form 204 certifies that all information provided herein is correct. Supplier/Contractor is aware of Section 12560 et seq. of the Government Code which imposes treble damages for false claims against the State, and Section 10115.10 of the Public Contract Code making it a crime for intentional untrue statements in this certification.

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