

SUPPLIER INFORMATION FORM

1	<p><u>REQUIREMENT TO COMPLETE SUPPLIER INFORMATION FORM [PAYEE DATA RECORD, STD. 204]</u></p> <p>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 possible for a payee to receive this form from various State agencies.</p> <p>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.</p>
2	<p>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.</p>
3	<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 Individual and Sole Proprietors is the Social Security Number (SSN). Only Partnerships, Estates, Trusts, and Corporations will enter their Federal Employer Identification Number (FEIN).</p>
4	<p><u>CALIFORNIA TAX RESIDENCY STATUS</u></p> <p>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.</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.</p> <p>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.</p> <p>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.</p> <p><u>For information on Nonresident Withholding, contact the Franchise Tax Board at the number listed below:</u></p> <p>Withholding Services and Compliance Section: 1-888-792-4900 Email address: wscs.gen@ftb.ca.gov</p> <p>For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p> <p><u>FEDERAL TAX RESIDENCY STATUS</u></p> <p>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.pdf) and Form W-8BEN (http://www.irs.gov/pub/irs-pdf/fw8ben.pdf). Foreign entity must complete Form W-8BEN-E (http://www.irs.gov/pub/irs-pdf/fw8bene.pdf).</p>
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>
6	<p>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</p>

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.

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.									
2	<ul style="list-style-type: none"> If you are a Student, please complete ONLY Section 2 and Section 5. UNLESS 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 (DBA)								
	SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS								
	BUSINESS ADDRESS (Address, City, State, Zip Code)									
MAILING ADDRESS (Address, City, State, Zip Code)										
3 PAYEE ENTITY TYPE CHECK ALL BOXES THAT APPLY	<p>FORM WILL BE RETURNED IF SECTION 3 IS LEFT BLANK OR INCOMPLETE</p> <p><input type="checkbox"/> CORPORATION</p> <p> <input type="checkbox"/> C Corporation</p> <p> <input type="checkbox"/> S Corporation</p> <p> <input type="checkbox"/> Legal</p> <p> <input type="checkbox"/> Medical</p> <p> <input type="checkbox"/> LLC</p> <p> choose either: <input type="checkbox"/> C Corp</p> <p> <input type="checkbox"/> S Corp</p> <p> <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Estate/ Trust</p> <p><input type="checkbox"/> Exempt</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Sole Proprietor</p>	<p>If Supplier Entity Type is CORPORATION, PARTNERSHIP, EXEMPT, ESTATE OR TRUST, enter:</p> <p>FEDERAL EMPLOYEE IDENTIFICATION NUMBER [FEIN] below</p> <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 250px; height: 15px; display: inline-block; margin-left: 20px;"></div> <p>If Supplier Entity Type is INDIVIDUAL or SOLE PROPRIETOR, enter:</p> <p>SOCIAL SECURITY NUMBER (SSN) below</p> <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 15px; display: inline-block; margin-left: 20px;"></div> <div style="border: 1px solid black; width: 60px; height: 15px; display: inline-block; margin-left: 20px;"></div> <p>(SSN required by authority of CALIFORNIA REVENUE and TAX CODE SECTION 18646)</p>								
4 PAYEE RESIDENCY STATUS CHECK ALL BOXES THAT APPLY	<p>PLEASE COMPLETE BOTH CALIFORNIA AND FEDERAL SECTIONS BELOW. THE FORM WILL BE RETURNED IF SECTION 4 IS LEFT BLANK OR INCOMPLETE</p> <p>FOR CALIFORNIA TAX PURPOSES: (see page 1)</p> <p><input type="checkbox"/> California Resident – Qualified to do business in California or maintain a permanent place of business in California.</p> <p><input type="checkbox"/> NOT A California Resident – Payments to nonresidents for services may be subject to California Income Tax withholding.</p> <p>PLEASE CHECK ALL THAT APPLY</p> <p><input type="checkbox"/> No service performed in California.</p> <p><input type="checkbox"/> Service performed in California.</p> <p><input type="checkbox"/> Copy of Franchise Tax Board waiver of state Withholding attached.</p> <p>FOR FEDERAL TAX PURPOSES: (see page 1)</p> <p><input type="checkbox"/> US citizen or permanent resident alien</p> <p><input type="checkbox"/> US Entity</p> <p><input type="checkbox"/> Not US citizen or permanent resident alien (see NOTE)</p> <p><input type="checkbox"/> Foreign entity (see NOTE)</p>		<p>NOTE</p> <p>If you are not a US citizen or permanent resident alien, you must complete:</p> <p>(1) SDSU Foreign National Information Form (http://bfa.sdsu.edu/ap/pdf/fnif.pdf) and</p> <p>(2) Form W-8BEN (http://www.irs.gov/pub/irs-pdf/fw8ben.pdf)</p> <p>Foreign entity must complete:</p> <p>(1) Form W-8BEN-E (https://www.irs.gov/pub/irs-pdf/fw8bene.pdf)</p>							
5	<p>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/prosvcs/pdf/Supplierinfo.pdf).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">AUTHORIZED PAYEE REPRESENTATIVE'S NAME: (Type or Print)</td> <td style="width: 50%; padding: 5px;">TITLE:</td> </tr> <tr> <td style="width: 50%; padding: 5px;">SIGNATURE: (Print)</td> <td style="width: 50%; padding: 5px;">DATE:</td> </tr> <tr> <td style="width: 33%; padding: 5px;">TELEPHONE:</td> <td style="width: 33%; padding: 5px;">FAX:</td> <td style="width: 33%; padding: 5px;">E-MAIL:</td> </tr> </table>			AUTHORIZED PAYEE REPRESENTATIVE'S NAME: (Type or Print)	TITLE:	SIGNATURE: (Print)	DATE:	TELEPHONE:	FAX:	E-MAIL:
AUTHORIZED PAYEE REPRESENTATIVE'S NAME: (Type or Print)	TITLE:									
SIGNATURE: (Print)	DATE:									
TELEPHONE:	FAX:	E-MAIL:								
6	INDIVIDUALS/ SOLE PROPRIETORS, PLEASE FAX OR MAIL ALL FORMS TO: San Diego State University Accounts Payable 5500 Campanile Drive San Diego, CA 92182-1611 FAX: 619-594-4917	COMPANIES, PLEASE FAX OR MAIL ALL FORMS TO: San Diego State University Accounts Payable 5500 Campanile Drive San Diego, CA 92182-1611 FAX: 619-594-4917								

SUPPLIER INFORMATION FORM CONTINUED

This information is required by each supplier/contractor doing business with the State of California.

This is a Protected Level 1 document and must be faxed or mailed to the requesting State Agency.

The **completed** form must be on file with San Diego State University prior to payment. **Please either clearly PRINT or TYPE. Please use BLACK INK.**

Questions please call San Diego State University Accounts Payable, 619-594-0894.

SEND PURCHASE ORDERS TO:

COMPANY NAME _____

STREET ADDRESS OR PO BOX _____

CITY, STATE, ZIP CODE _____

SITE PHONE _____

SITE FAX # (FOR FAX ORDERS) _____

SITE E-MAIL _____

CONTACT NAME/ TITLE _____

CONTACT PHONE # (IF DIFFERENT FROM SITE PHONE) _____

SEND/ REMIT PAYMENTS TO:

COMPANY NAME _____

STREET ADDRESS OR PO BOX _____

CITY, STATE, ZIP CODE _____

SITE PHONE _____

SITE FAX # (FOR FAX ORDERS) _____

SITE E-MAIL _____

CONTACT NAME/ TITLE _____

CONTACT PHONE # (IF DIFFERENT FROM SITE PHONE) _____

VENDOR ACTIVITY: (Check all boxes that apply **or** briefly describe primary commodity, equipment, or service offered under **Other**)

- | | | |
|---|--|--|
| <input type="checkbox"/> Equipment & Supplies | <input type="checkbox"/> Attorney Fees | <input type="checkbox"/> Goods |
| <input type="checkbox"/> Services - Non Medical | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Services - Medical | <input type="checkbox"/> Interest | _____ |
| <input type="checkbox"/> Rent/ Lease | <input type="checkbox"/> Prizes & Awards | _____ |
| <input type="checkbox"/> Claimant Paid | <input type="checkbox"/> Royalties | _____ |

SDSU's standard practice is to issue a PURCHASE ORDER with payment 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 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Electronic Direct Payment (not wire) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Checks | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

FREIGHT

Ship Via: _____

FOB: Destination Ship Point

Freight Terms: Prepaid and Add Prepaid Allowed

Contractor's License Classification

(Example: Masonry, C-29. If class is Limited Specialty, C-61, specify specialty)

CHECK ALL THAT APPLY:

Supplier/Contractors certified in the following categories:

Disabled Veteran Owned Business* # _____

*Must be certified through OSDS

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/contractor may be called upon to provide resources in the event of a campus emergency or when the campus is designated a relief shelter for area residents by the County Emergency Service Department. This data is confidential and will only be 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

Emergency Resource Information will be updated annually.

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.