

# CAL POLY POMONA PHILANTHROPIC FOUNDATION

## VENDOR DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

Vendor #

↑ For Foundation Use Only ↑

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

Please NEVER Email this form; instead fax, US Mail or hand deliver to the Foundation when completed

|   |  |   |   |   |       |  |           |      |                  |
|---|--|---|---|---|-------|--|-----------|------|------------------|
| <div>1</div> <p><b>PLEASE RETURN TO:</b><br/>→ → → →</p>  | <p>DEPARTMENT/OFFICE<br/><b>Cal Poly Pomona Philanthropic Foundation</b></p> <p>STREET ADDRESS<br/><b>3801 W Temple Ave., Bldg 55<br/>Attn: Accts Payable</b></p> <p>CITY, STATE, ZIP CODE<br/><b>Pomona, CA 91768</b></p> <p>TELEPHONE NUMBER FAX NUMBER<br/><b>(909) 869-2907 (909) 869-4549</b></p>   | <p><b>PURPOSE:</b> Information contained in this form will be used by Cal Poly Pomona Philanthropic Foundation to prepare information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments.<br/>(See Privacy Statement on reverse)</p> |   |   |       |  |           |      |                  |
| <div>2</div>  | <p><b>VENDOR'S BUSINESS NAME</b> Vendor PHONE NUMBER</p> <p>SOLE PROPRIETOR – ENTER OWNER'S FULL NAME HERE (Last, First, M.I.)</p> <p>MAILING ADDRESS (Number and Street or P.O. Box #)</p> <p>(City, State and Zip Code) *EMAIL ADDRESS</p>   |   |   |   |       |  |           |      |                  |
| <div>3</div> <p><b>VENDOR ENTITY TYPE</b></p>   | <p><input type="checkbox"/> MEDICAL CORPORATION (Including dentistry, (Podiatry, psychotherapy, optometry, chiropractic, etc.) <input type="checkbox"/> ESTATE OR TRUST</p> <p><input type="checkbox"/> EXEMPT CORPORATION (Nonprofit) <input type="checkbox"/> PARTNERSHIP</p> <p><input type="checkbox"/> ALL OTHER CORPORATIONS <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR (Must provide Social Security #)</p>  |   | <p><b>NOTE</b><br/>- Government Entities<br/>- Cal Poly Pomona Employees<br/><b>ARE NOT REQUIRED TO SUBMIT THIS FORM</b></p>  |   |       |  |           |      |                  |
| <div>4</div> <p><b>VENDOR'S TAXPAYER I.D. NUMBER</b></p>  | <p><b>SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF REVENUE AND TAXATION CODE SECTION 18646 (See reverse)</b></p> <p><b>FEDERAL EMPLOYERS IDENTIFICATION (FEIN)</b></p> <p><input type="text"/><input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>IF VENDOR ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN.</p> <p><b>SOCIAL SECURITY NUMBER / ITIN</b></p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/> - <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>IF VENDOR ENTITY TYPE IS INDIVIDUAL OR SOLE PROPRIETOR, ENTER SSN. ITIN / SSN IF RESIDENT OF FOREIGN COUNTRY</p> |   | <p><b>NOTE</b><br/><b>Payment will not be processed without an accompanying taxpayer I.D. number.</b></p>   |   |       |  |           |      |                  |
| <div>4</div> <p><b>VENDOR RESIDENCY DECLARATION For Tax Purposes</b></p> <p><i>All Payments Made By The Foundation Are Subject To Federal and California State Tax Laws</i></p> | <p><b>Federal Income Tax Withholding Status (Applies to Individuals Only):</b></p> <p><b>I Am A US Citizen OR I Am A Permanent Resident Alien</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No <b>*If No is checked, please contact Cal Poly Pomona Tax Specialist, ext. 2611.</b></p> <p><b>California State Tax Withholding Status (Applies to All Vendors):</b></p> <p><input type="checkbox"/> <u>California Resident</u> Qualified to do business in CA or have a permanent place of business in CA.</p> <p><input type="checkbox"/> <u>California Nonresident</u> (See Reverse). Payments to CA nonresidents may be subject to state taxes.</p> <p><input type="checkbox"/> A Waiver from CA state tax withholding is attached (From the California Franchise Tax Board).</p> <p><input type="checkbox"/> All services related to this payment were performed OUTSIDE of the state of California.</p>  |   | <p><b>NOTE:</b><br/><b>Prior to making payments to foreign citizens,</b> United States tax laws require all employers to perform a tax analysis with respect to country of citizenship to determine residency for Federal tax purposes.<br/><b>(Please See reverse)</b></p> <p><b>NOTE:</b><br/>An estate is a resident if decedent was a California resident at time of death. A trust is resident if one or more trustees are CA residents.<br/><b>Rules for assessing State taxes differ significantly from Federal tax rules.</b><br/><b>(Please See reverse)</b></p> |   |       |  |           |      |                  |
| <div>5</div> <p><b>CERTIFYING SIGNATURE</b></p>   | <p><b>I hereby certify under penalty of perjury under the laws of the State of California that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.</b></p> <table border="1"> <tr> <td data-bbox="276 1858 950 1932">AUTHORIZED VENDOR REPRESENTATIVE'S NAME (PRINT)</td> <td colspan="2" data-bbox="953 1858 1539 1932">TITLE</td> </tr> <tr> <td data-bbox="276 1936 950 2022">SIGNATURE</td> <td data-bbox="953 1936 1201 2022">DATE</td> <td data-bbox="1205 1936 1539 2022">TELEPHONE NUMBER</td> </tr> </table>   |   |   | AUTHORIZED VENDOR REPRESENTATIVE'S NAME (PRINT) | TITLE |  | SIGNATURE | DATE | TELEPHONE NUMBER |
| AUTHORIZED VENDOR REPRESENTATIVE'S NAME (PRINT)   | TITLE  |   |   |   |       |  |           |      |                  |
| SIGNATURE   | DATE   | TELEPHONE NUMBER  |   |   |       |  |           |      |                  |

**CAL POLY POMONA PHILANTHROPIC  
FOUNDATION  
VENDOR DATA RECORD**

**ARE YOU A RESIDENT OR NONRESIDENT?**

Each corporation, individual/sole proprietor, partnership, estate, or trust doing business with the State of California must indicate residency status along with their vendor identification number.

A **corporation** 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 individual/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 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 trustee 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, call 1-800-852-5711  
From outside the United States, call 1-916-845-6500  
For hearing impaired with TDD, call 1-800-822-6268

**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 will have 7% of their total payments withheld for state income taxes. However, no California tax withholding is required if total payments to the vendor are \$1,500 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 below. A waiver will generally be granted when a vendor has a history of filing 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 BUSINESSES**

**Federal tax withholding regulations differ significantly from California tax withholding requirements. A tax analysis consultation and additional forms must be completed 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 Revenue and Taxation Code Section 18646, to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by Internal Revenue Code Section 6109(a). The TIN for individuals and sole proprietorships is their 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 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 accounts payable unit of the Foundation with which you transact that 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.

**NOTE:**

An estate is a resident if decedent was California resident at time of death.  
A trust is a resident if one or more trustees have California residency.