ASSOCIATED STUDENTS, INC.
STATE OF CALIFORNIA - CALIFORNIA STATE UNIVERSITY SAN MARCOS

Vendor# _____ (Assigned by CSUSM)

PAYEE DATA RECORD

(CSUSM 204 Rev. 01/10) (Required when receiving payment from the State of California and/or Associated Students, Inc. in lieu of IRS W-9)

1

INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the address shown 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 (Form 1099) and for withholding on payments to nonresident payees. See page 1 for more information and Privacy Statement.
NOTE: Governmental entities, federal, state, and local (including school districts) are not required to submit this form.

2

PAYEE'S LEGAL BUSINESS NAME (Type or Print)

SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) | E-MAIL ADDRESS

MAILING ADDRESS | WEB ADDRESS

CITY, STATE, ZIP CODE | PHONE NUMBER | FAX NUMBER

3

PAYEE ENTITY TYPE
CHECK ONE BOX ONLY

ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): ☐☐-☐☐☐☐☐☐☐

☐ PARTNERSHIP
☐ ESTATE OR TRUST
☐ LIMITED LIABILITY COMPANY (LLC)

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

☐ INDIVIDUAL OR SOLE PROPRIETOR
ENTER SOCIAL SECURITY NUMBER/
INDIVIDUAL TAX IDENTIFICATION NUMBER (SSN required by authority of California Revenue and Tax Code Section 18646) ☐☐☐-☐☐-☐☐☐☐

NOTE: Payment will not be processed without an accompanying taxpayer I.D. number

4

☐ EQUIPMENT/SUPPLIES/GOODS ☐ SERVICES - NON MEDICAL ☐ SERVICES - MEDICAL ☐ ROYALTIES
☐ RENT ☐ ATTORNEY FEES ☐ LEGAL SETTLEMENT ☐ OTHER - PLEASE SPECIFY: _____

5

☐ CA Certified Small Business ☐ CA Certified Disabled Veteran Owned ☐ N/A
☐ CA Certified Micro Business OSBCR Certificate No. _____

6

PAYEE RESIDENCY STATUS

California State Tax Withholding Status (Applies to all Payees):
☐ California resident - Qualified to do business in California or maintains a permanent place of business in California.
☐ California nonresident (see page 1) - 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.

For Federal Income Tax Withholding Status (Applies to Individuals Only) (Please Check One):
☐ US Citizen ☐ Permanent Resident Alien (Green Card Holder)
☐ Neither a US Citizen nor a Permanent Resident Alien - see note)
Visa type: _____ Country of Residency: _____

NOTE: If the individual is not a US Citizen or Permanent Resident Alien (Green Card Holder), the individual may have to fill out additional paperwork. (see page 1)

7

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) | TITLE

SIGNATURE | DATE | PHONE NUMBER

8

Please return completed form to:

Associated Students, Inc.
California State University San Marcos
333 S. Twin Oaks Valley Road, FCB 5103
San Marcos, CA 92096-0001
Phone: (760) 750-4990 Fax: (760) 750-3149