



**CSU, Chico
Research
Foundation**

PAYEE DATA RECORD

(REV 11-2008)



Required in lieu of IRS W-9 Form and State of California Form 590 when conducting business with the CSU, Chico Research Foundation or University Foundation.

<p>PLEASE RETURN TO:</p>	<table border="0"> <tr> <td> CSU, Chico Research Foundation C/O AS Business Office California State University, Chico Chico, CA 95929-0248 530-898-6815 (Voice) 530-898-6999 (Fax) </td> <td> University Foundation C/O AS Business Office California State University, Chico Chico, CA 95929-0248 </td> </tr> </table>	CSU, Chico Research Foundation C/O AS Business Office California State University, Chico Chico, CA 95929-0248 530-898-6815 (Voice) 530-898-6999 (Fax)	University Foundation C/O AS Business Office California State University, Chico Chico, CA 95929-0248	<p>PURPOSE: Information contained in this form will be used to prepare information returns (Form 1099) and for withholding on payments to nonresident payees. Prompt return of this fully completed form will prevent delays when processing payments.</p>													
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<p>Section I</p> <p>PAYEE</p> <p>(REQUIRED)</p>	<table border="1"> <tr> <td colspan="2">PAYEE BUSINESS NAME</td> <td>PHONE NUMBER ()</td> </tr> <tr> <td colspan="3">INDIVIDUAL - ENTER PAYEE'S/OWNER'S FULL NAME (Last, First, M.I.)</td> </tr> <tr> <td>Last</td> <td>First</td> <td>M.I.</td> </tr> <tr> <td colspan="3">MAILING ADDRESS (Number and Street or P.O. Box Number)</td> </tr> <tr> <td colspan="3">(City, State and Zip Code)</td> </tr> </table>	PAYEE BUSINESS NAME		PHONE NUMBER ()	INDIVIDUAL - ENTER PAYEE'S/OWNER'S FULL NAME (Last, First, M.I.)			Last	First	M.I.	MAILING ADDRESS (Number and Street or P.O. Box Number)			(City, State and Zip Code)			<p>(See Privacy Statement on next page)</p>
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<p>Section II</p> <p>PAYEE ENTITY AND TAX I.D. NUMBER (TIN)</p> <p>(REQUIRED)</p>	<p align="center">CHECK ONE BOX ONLY IN THIS SECTION</p> <p>IF YOU USE YOUR SOCIAL SECURITY/TIN NUMBER TO FILE YOUR INDIVIDUAL/BUSINESS TAXES</p> <p><input type="checkbox"/> INDIVIDUAL / SOLE PROPRIETOR</p> <p align="center">SOCIAL SECURITY NUMBER/TIN - </p> <p>IF YOU USE A BUSINESS TAX ID NUMBER TO FILE YOUR BUSINESS TAXES</p> <table border="0"> <tr> <td><input type="checkbox"/> EXEMPT CORPORATION</td> <td><input type="checkbox"/> LEGAL CORPORATION (Attorney/Law Firm)</td> </tr> <tr> <td><input type="checkbox"/> MEDICAL CORPORATION</td> <td><input type="checkbox"/> PARTNERSHIP</td> </tr> <tr> <td><input type="checkbox"/> ALL OTHER CORPORATIONS</td> <td><input type="checkbox"/> ESTATE OR TRUST</td> </tr> </table> <p align="center">FEDERAL EMPLOYERS IDENTIFICATION NUMBER (TIN) - </p>	<input type="checkbox"/> EXEMPT CORPORATION	<input type="checkbox"/> LEGAL CORPORATION (Attorney/Law Firm)	<input type="checkbox"/> MEDICAL CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> ALL OTHER CORPORATIONS	<input type="checkbox"/> ESTATE OR TRUST	<p>NOTES: Governmental entities, federal, state, and local (including school districts) and Foundation Employees are not required to submit this form.</p> <p>Payment will not be processed without an accompanying taxpayer I.D. number</p>									
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<p>Section III</p> <p>PAYEE RESIDENCY DECLARATION</p> <p>All Payments Made By the Foundations Are Subject to Federal and California State Tax Laws</p> <p>(REQUIRED)</p>	<p>IS THE PAYEE OR THE BENEFICIARY OF THE PAYMENT A U.S.CITIZEN OR PERMANENT RESIDENT ALIEN? (APPLIES TO ALL PAYEES)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (if No, you must contact Accounts Payable at (530)898-6811 for further information)</p> <p>CALIFORNIA STATE TAX WITHHOLDING STATUS (APPLIES TO ALL PAYEES)</p> <p><input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA</p> <p><input type="checkbox"/> Nonresident (See Reverse) Payments to non residents for services may be subject to state withholding</p> <p><input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED</p> <p><input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA/GOODS ONLY SOLD TO CALIFORNIA</p> <p>FEDERAL INCOME TAX WITHHOLDING STATUS (APPLIES TO INDIVIDUALS ONLY):</p> <p><input type="checkbox"/> I am a US Citizen</p> <p><input type="checkbox"/> I am a Permanent Resident Alien and I have a Green Card</p> <p><input type="checkbox"/> I am <u>Not</u> a U.S. Citizen and I Do Not Have a Permanent Resident Green Card</p> <p align="center">Note: All Foreign Citizens/Entities must complete a tax analysis before payments can be made.</p>	<p>MANDATORY RESPONSE</p> <p>Notes: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trust is a California resident. c. Rules for assessing State taxes differ significantly from Federal tax rules. (Please see next page)</p> <p>NOTE: Prior to making payment to foreign citizens, 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. (Please see next page)</p>															
<p>Section IV</p> <p>CERTIFYING SIGNATURE</p> <p>(REQUIRED)</p>	<p>Under penalties of perjury, I hereby certify that:</p> <ol style="list-style-type: none"> All information provided on this document is true and correct. If my residency status should change, I will promptly notify you. The number shown on this form is my correct taxpayer identification number (or I am writing for a number to be issued to me), I am not subject to backup withholding because : (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, AND I am a U.S. person (including a U.S. resident alien). <table border="1"> <tr> <td>AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</td> <td>TITLE</td> </tr> <tr> <td>SIGNATURE</td> <td>DATE</td> </tr> </table>	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE	SIGNATURE	DATE	<p>PHONE NUMBER</p>											
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PAYEE DATA RECORD

(REV 1-2004)

ARE YOU A RESIDENT OR NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the CSU, Chico Research Foundation or University Foundation must indicate their residency status along with their taxpayer identification number.

A **corporation** will be considered a "resident" of California 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" of California 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 California nonresident.

For withholding purposes, a **partnership** is considered a California 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 one trustee is a California resident.

More information on California 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
Website - www.ftb.ca.gov

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 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(a). 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 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.

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to California nonresident payees, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. California 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 \$1500 or less for the calendar year.

A California nonresident payee 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 payee has a history of filing California returns and making timely estimated payments. If the payee 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
Nonresident Withholding Section
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.

Section V – W-9 Certification

You must cross out item 2 on the certification if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 1 does not apply. For mortgage interest paid, acquisition, or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends you are not required to sign the Certification, but you must provide your correct TIN. For further instructions and information please refer to IRS Form W-9.

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