



*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.*

<b>PLEASE RETURN TO:</b>	<b>CSU, Chico Research Foundation</b> C/O AS Business Office California State University, Chico Chico, CA 95929-0248 530-898-6815 (Voice) 530-898-6999 (Fax)	<b>University Foundation</b> C/O AS Business Office California State University, Chico Chico, CA 95929-0248	
<b>Section I</b>	PAYEE BUSINESS NAME	PHONE NUMBER	<b>PURPOSE:</b> 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.  (See Privacy Statement on reverse)
PAYEE	INDIVIDUAL - ENTER PAYEE'S/OWNER'S FULL NAME (Last, First, M.I.)		
	MAILING ADDRESS (Number and Street or P.O. Box Number)		
<b>(REQUIRED)</b>	(City, State and Zip Code)		
<b>Section II</b>	<b>CHECK ONE BOX ONLY IN THIS SECTION</b>		<b>NOTES:</b> Governmental entities, federal, state, and local (including school districts) and Foundation Employees are not required to submit this form.  Payment will not be processed without an accompanying taxpayer I.D. number
PAYEE ENTITY AND TAX I.D. NUMBER (TIN)	IF YOU USE YOUR SOCIAL SECURITY/ITIN NUMBER TO FILE YOUR INDIVIDUAL/BUSINESS TAXES: <input type="checkbox"/> <b>INDIVIDUAL / SOLE PROPRIETOR</b> SOCIAL SECURITY NUMBER / ITIN _____		
<b>(REQUIRED)</b>	IF YOU USE A BUSINESS TAX ID NUMBER TO FILE YOUR BUSINESS TAXES: <input type="checkbox"/> <b>EXEMPT CORPORATION</b> <input type="checkbox"/> <b>LEGAL CORPORATION (Attorney/Law Firm)</b> <input type="checkbox"/> <b>MEDICAL CORPORATION</b> <input type="checkbox"/> <b>PARTNERSHIP</b> <input type="checkbox"/> <b>ALL OTHER CORPORATIONS</b> <input type="checkbox"/> <b>ESTATE OR TRUST</b> FEDERAL TAX IDENTIFICATION NUMBER (TIN) _____		
<b>Section III</b>	<b>IS THE PAYEE OR THE BENEFICIARY OF THE PAYMENT A U.S. CITIZEN OR PERMANENT RESIDENT ALIEN? (APPLIES TO ALL PAYEES)</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No    (If No, you must contact Accounts Payable at (530)898-6811 for further information)		<b>MANDATORY RESPONSE</b>
PAYEE RESIDENCY DECLARATION	<b>CALIFORNIA STATE TAX WITHHOLDING STATUS (APPLIES TO ALL PAYEES)</b> <input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA <input type="checkbox"/> Nonresident (See Reverse) Payments to non residents for services may be subject to state withholding <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA/GOODS ONLY SOLD TO CALIFORNIA		<b>NOTES:</b> 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 reverse)
<b>(REQUIRED)</b>	<b>FEDERAL INCOME TAX WITHHOLDING STATUS (APPLIES TO INDIVIDUALS ONLY):</b> <input type="checkbox"/> I am a US Citizen <input type="checkbox"/> I am a Permanent Resident Alien and I have a Green Card <input type="checkbox"/> I am <u>Not</u> a U.S. Citizen and I Do Not Have a Permanent Resident Green Card <b>Note:</b> All Foreign Citizens/Entities must complete a tax analysis before payments can be made.		
<b>Section IV</b>	<b>Under penalties of perjury, I hereby certify that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.</b>		
CERTIFYING SIGNATURE	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE	
<b>(REQUIRED)</b>	SIGNATURE	DATE	PHONE NUMBER
<b>Section V</b>	<b>Under penalties of perjury, I hereby certify that:</b> 1. The number shown on this form is my correct taxpayer identification number (or I am writing for a number to be issued to me), AND 2. 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 3. I am a U.S. person (including a U.S. resident alien).  <b>See reverse for W-9 Certification Instructions</b>		
W-9 CERTIFICATION	SIGNATURE OF U.S. PERSON	DATE	