Vendor Data Record

A Vendor Data Record is required when a club/department would like to pay a vendor directly out of their account for a service provided (Ex: a photographer taking pictures for an event, DJ, guest speaker, etc.). A Disbursement Request (DR) form, invoice and Vendor Data Record are required to complete this transaction.

Send us a request at asipayables@cpp.edu and provide the information below for the vendor so we can send them a copy of the form via Adobe Sign. Processing time can take 5-7 business days.

1. Vendor first and last name
2. Vendor e-mail address

Filling in Vendor Data Record via Adobe Sign

The vendor will receive an email notification from Adobe Sign to fill out and complete the form. From the email click on “Review and Sign” to access the form.

1. On the top right-hand side of the form, vendor must select if they are a business or individual/sole proprietor.

   *Note: Select individual/sole proprietor if you are receiving a prize/gift valued over $50.

2. Box 2, enter full name/business name, full address, and phone number.

3. Box 3, select the vendor entity type: LLC, Sole Proprietor, Partnership, etc.

4. Box 4, enter Federal Tax ID (EIN) for businesses or Social Security Number for individual/sole proprietor.

5. Box 6, type full name, title and electronically sign form.

6. Once completed, click “Finish” and the form is automatically emailed to asipayables@cpp.edu.
**VENDOR DATA RECORD**

(Required in lieu of IRS W-9 when doing business with ASI Financial Services)

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

1. **Please select vendor type:**
   - [ ] Business
   - [ ] Individual/Sole Proprietor

2. **VENDOR’S BUSINESS NAME**
   - Bronco Food Truck

3. **SOLE PROPRIETOR - ENTER OWNER’S FULL NAME HERE (as shown on your income tax return. If not applicable, please type, N/A)**
   - Billy Bronco

4. **MAILING ADDRESS (Number and Street or P.O. Box Number)**
   - 1234 Financial St.

5. **(City, State, and Zip Code)**
   - Pomona, CA 91768

6. **PHONE NUMBER**
   - 555-555-5555

7. **Please return to:**
   - asipayables@cpp.edu

**PURPOSE:** Information contained in this form will be used by state agencies to prepare information Returns (Form 1099) and for withholding on payments to non-resident vendors. Prompt return of this fully completed form will prevent delays when processing payments.

(See Privacy Statement on page 2.)

**VENDOR ENTITY TYPE**

- MEDICAL CORPORATION (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)
- EXEMPT CORPORATION (Non-Profit)
- ALL OTHER CORPORATIONS
- LLC. Check appropriate box:
  - [ ] Corporation
  - [ ] S-Corporation
  - [ ] Partnership

**NOTE:**
- Government entities
- ASI employee are not required to submit this form.

**ESTATE OR TRUST**

**PARTNERSHIP**

**INDIVIDUAL/SOLE PROPRIETOR** (Must provide Social Security #)

**SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF REVENUE AND TAXATION CODE SECTION 18646 (See page 2)**

**FEDERAL EMPLOYER’S IDENTIFICATION (FEIN)**

**SOCIAL SECURITY NUMBER/TIN**

555-555-5555

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

5. **FEDERAL INCOME TAX WITHHOLDING STATUS (Applies to Individuals Only):**
   - [ ] Yes
   - [ ] No

   **California State Tax Withholding Status (Applies to All Vendors):**
   - California Resident: Qualified to do business in CA or have a permanent place of business in CA
   - California Nonresident (See page 2). Payments to CA nonresidents may be subject to state taxes.
   - A Waiver from CA state tax withholding is attached (From the California Franchise Tax Board).
   - All services related to this payment were performed OUTSIDE of the State of California
   - No waiver, subject to 7% withholding (see page 2)

**NOTE:** An estate is a resident if descendant was a California resident at time of death. A trust is resident if one or more trustees are CA residents. Rules for assessing State taxes differ significantly from Federal tax rules

(See page 2)

6. **AUTHORIZED VENDOR REPRESENTATIVE’S NAME**
   - Billy Bronco

7. **TITLE**
   - Owner

8. **TELEPHONE NUMBER**
   - 555-555-5555

9. **DATE**
   - 06/14/2023

10. **EMAIL ADDRESS**
    - asifs@cpp.edu

**CERTIFYING SIGNATURE**

- **SIGNATURE**
  - Billy Bronco

- **DATE**
  - 06/14/2023

- **EMAIL ADDRESS**
  - asifs@cpp.edu

**NOTE:**
- All Payments Made by the University Are Subject to Federal and California State Tax Laws

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.
VENDOR DATA RECORD

ARE YOU A RESIDENT OR NON RESIDENT?

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 which has a permanent place of business in California is organized and existing under the laws of this state, or if 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 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 non-resident.

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 one 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 1-916-845-3500
For hearing impaired with TDD, call 1-800-822-6266

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to the 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 3% 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 888 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 A Source Unit
Attention: State Agency Withholding Coordinator
P.O. Box 651
Sacramento, CA 95812-0651
Telephone: (916) 845-6900
Fax (916) 845-4831

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy of this form.

FOREIGN CITIZENS and FOREIGN BUSINESS

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 93-579) 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 Numbers (TIN) as required by Revenue and Taxation Code Section 18546, to facilitate tax compliance and 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 proprietors 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 non-compliance 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 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.

NOTE:

An estate/executor’s descendant was a California resident at time of death.
A trust is resident if one or more trustees have California residency.