

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.

Please select vendor type:

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Business

Individual/Sole Proprietor

<p>1 PLEASE RETURN TO:</p> <p>→→→→→</p>	<p>Email Address: asipayables@cpp.edu</p> <p>PURPOSE: Information contained in this form will be used by state agencies 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. <i>(See Privacy Statement on page 2.)</i></p>							
<p>2</p>	<p>VENDOR'S BUSINESS NAME Bronco Food Truck</p> <p>SOLE PROPRIETOR - ENTER OWNER'S FULL NAME HERE (as shown on your income tax return. If not applicable, please type, N/A) Billy Bronco</p> <p>MAILING ADDRESS (Number and Street or P.O. Box Number) 1234 Financial St.</p> <p>(City, State, and Zip Code) Pomona, CA 91768</p>	<p>VENDOR PHONE NUMBER 555-555-5555</p>						
<p>3</p> <p>VENDOR ENTITY TYPE</p>	<p><input type="radio"/> MEDICAL CORPORATION (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)</p> <p><input type="radio"/> EXEMPT CORPORATION (Non-Profit)</p> <p><input type="radio"/> ALL OTHER CORPORATIONS</p> <p><input type="radio"/> LLC. Check appropriate box: <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership</p> <p><input type="radio"/> ESTATE OR TRUST</p> <p><input type="radio"/> PARTNERSHIP</p> <p><input checked="" type="radio"/> INDIVIDUAL/SOLE PROPRIETOR (Must provide Social Security #)</p>	<p>3</p> <p>NOTE: - Government entities - ASI employee are not required to submit this form.</p>						
<p>4</p> <p>VENDOR'S TAXPAYER I.D. NUMBER</p>	<p>SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF REVENUE AND TAXATION CODE SECTION 18646 (See page 2)</p> <p>FEDERAL EMPLOYER'S IDENTIFICATION (FEIN)</p> <p>SOCIAL SECURITY NUMBER/ITIN 555-55-5555</p> <p><small>IF VENDOR ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN</small></p> <p><small>IF VENDOR ENTITY TYPE IS INDIVIDUAL OR SOLE PROPRIETOR, ENTER S.S.N./ITIN/SSN IF RESIDENT OF FOREIGN COUNTRY</small></p>	<p>4</p> <p>NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.</p>						
<p>5</p> <p>VENDOR RESIDENCY DECLARATION For Tax Purposes</p> <p>All Payments Made by the University Are Subject To Federal and California State Tax Laws</p>	<p>Federal Income Tax Withholding Status (Applies to Individuals Only):</p> <p>I am A US Citizen OR I am A Permanent Resident Alien</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>California State Tax Withholding Status (Applies to All Vendors):</p> <p><u>California Resident</u> Qualified to do business in CA or have a permanent place of business in CA</p> <p><u>California Nonresident</u> (See page 2). Payments to CA nonresidents may be subject to state taxes.</p> <p><input checked="" type="radio"/> A Waiver from CA state tax withholding is attached (From the California Franchise Tax Board).</p> <p><input type="radio"/> All services related to this payment were performed OUTSIDE of the State of California</p> <p>No waiver, subject to 7% withholding (see page 2)</p>	<p><i>Prior to making payments to foreign citizens, United States tax laws require all employers perform a tax analysis with respect to country of citizenship to determine residency for Federal tax purposes. (Please See page 2)</i></p> <p>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 (Please See page 2)</p>						
<p>6</p> <p>CERTIFYING SIGNATURE</p>	<p>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.</p> <table border="1"> <tr> <td data-bbox="430 1753 868 1837"> <p>AUTHORIZED VENDOR REPRESENTATIVE'S NAME Billy Bronco</p> </td> <td data-bbox="868 1753 1226 1837"> <p>TITLE Owner</p> </td> <td data-bbox="1226 1753 1435 1837"> <p>TELEPHONE NUMBER 555-555-5555</p> </td> </tr> <tr> <td data-bbox="430 1837 868 1906"> <p>SIGNATURE <i>Billy Bronco</i></p> </td> <td data-bbox="868 1837 1047 1906"> <p>DATE 06/14/2023</p> </td> <td data-bbox="1047 1837 1435 1906"> <p>EMAIL ADDRESS asifs@cpp.edu</p> </td> </tr> </table>		<p>AUTHORIZED VENDOR REPRESENTATIVE'S NAME Billy Bronco</p>	<p>TITLE Owner</p>	<p>TELEPHONE NUMBER 555-555-5555</p>	<p>SIGNATURE <i>Billy Bronco</i></p>	<p>DATE 06/14/2023</p>	<p>EMAIL ADDRESS asifs@cpp.edu</p>
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VENDOR DATA RECORD	
<p>ARE YOU A RESIDENT OR NON RESIDENT?</p> <p>Each corporation, individual/sold proprietor, partnership, estate, or trust doing business with the State of California must indicate residency status along with their vendor identification number.</p> <p>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.</p> <p>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 nonresident.</p> <p>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 descendant 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.</p> <p>More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:</p> <p>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</p>	<p>ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?</p> <p>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 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.</p> <p>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:</p> <p>Franchise Tax Board Withhold a Source Unit Attention: State Agency Withholding Coordinator P.O. Box 651 Sacramento, CA 95812-0651 Telephone: (916) 845-4900 Fax (916) 845-4831</p> <p>If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.</p> <div data-bbox="850 1066 1396 1260" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p align="center">FOREIGN CITIZENS and FOREIGN BUSINESS</p> <p align="center">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.</p> </div>
<p align="center">Privacy Statement</p> <p>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.</p> <p>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 18646, 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 proprietorships is their Social Security Number (SSN).</p> <p>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.</p> <p>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.</p> <p>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.</p>	
<p>NOTE:</p> <p>An estate is a resident if descendant was California resident at time of death. A trust is a resident if one or more trustees have California residency.</p>	