Service Provider/Contractor/Vendor:

Thank you for your interest in doing business with California State University Channel Islands (CI).We are in the continuous process of maintaining an accurate and current vendor database. To help with our efforts, please complete the following forms (detailed below) and submit them to the CI Procurement and Logistical office for processing.

Vendor Data Record (VDR) Form (204 Form)
Before Accounts Payable can process any payment we are ***required*** by state law to have a completed VDR Form on file. If you fail to return the VDR Form, your check could reflect an approximate 30% reduction. The withdrawn amount will be paid to the IRS or the Franchise Tax board. If you or your organization is not subject to backup withholding by the IRS or the Franchise Tax Board, returning the completed VDR Form will guarantee that CI issues the appropriate payment to your organization. Please be aware that Federal Form W-9 CANNOT substitute the VDR Form.

VDR Complement Form
Please fill out this form to contribute in developing/maintaining our Vendor/Contractor database with current information regarding your business, services and/or products. Completing this form is mandatory for entities doing business with CI. Submission of this form will help confirm all purchase orders, payments, and correspondences are promptly received by your business.

Voluntary Statistical Data Sheet (OPTIONAL)
This is a strictly voluntary form allowing vendors to provide information regarding ethnicity, race and gender.

Automated Clearing House Enrollment and Authorization Form (OPTIONAL)
You have the option to enroll in direct deposit. Please complete the form with the accurate bank information.

Please return completed forms via:

Email: purchasing@csuci.edu
Mail:

Procurement & Logistical Services
California State University Channel Islands
Ironwood Hall
One University Drive
Camarillo, CA 93012
(805) 437-8592

Thank you for your interest in doing business with us.

VENDOR DATA RECORD
(204 Form)

Required in lieu of IRS W-9 when doing business with the State of California

Vendor #: _____
For CSUCI Use Only

Clear Form

Section 1 **Return To:**	California State University Channel Islands Procurement & Logistical Services Email: purchasing@csuci.edu or Fax: (805) 437-8436	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 payees. Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on reverse)
Section 2 **Name and Address**	Vendor's Legal Business Name or Sole Proprietor's Full Name (as shown on your income tax return):	
	DBA, Trade, or Single Member LLC Name (if applicable):	Phone:
	Mailing Address (Street and Number or P.O. Box #):	Fax:
	City, State and Zip Code:	Email:
Section 3 **Vendor Entity Type** **Taxpayer Identification Number**	☐ Individual ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Exempt (Non-Profit) ☐ Government Entity ☐ Limited Liability Company (LLC) ☐ Estate/Trust ☐ Single Member LLC *(check IRS tax classification below):* ☐ Individual *(provide SSN/EIN for individual (not LLC), individual's name on line 1 section 2, and LLC name on line 2 section 2)* ☐ Corporation *(provide EIN for LLC, provide LLC name on line 1 section 2. Do not provide individual's name or SSN)* ☐ Multiple Member LLC *(check IRS tax classification below):* ☐ Partnership ☐ Corporation *(for either type, provide EIN for section 2.* **Individual/Sole Proprietor – Social Security Number/ITIN** **Number (FEIN):** ☐☐☐-☐☐-☐☐☐☐ or ☐☐-☐☐☐☐☐☐☐ *Note: When taxpayer ID is not provided or does not match IRS records, payment may be subject to backup withholding requirements.*	
Section 4 **Vendor Activity**	**Check the Box that Describes Your Primary Business** ☐ Services: (Non-Medical) ☐ Equipment & Supplies ☐ Rent ☐ Services: (Medical/Health Care) ☐ Attorney/Legal Fees ☐ Other (Specify) _____	
Section 5 **Vendor Residency Status For Tax Purposes**	**Check All Boxes That Apply to Federal Income Tax Withholding Status** ☐ I am a U.S. Citizen or a ☐ U.S. corporation, partnership, trust, or estate ☐ I am a Permanent Resident Alien and I have a Green Card ☐ I am not a U.S. Citizen and I do not have a Permanent Resident Green Card (*Note: All Foreign Nationals must complete the "Foreign National Data Collection Form" before payments can be made)* ☐ Foreign corporation, partnership, trust, estate or other foreign entity ☐ All services to be performed OUTSIDE the United States	
	Check All Boxes That Apply to California Income Tax Withholding Status ☐ California Resident - Maintains a permanent place of business in CA at the address shown above or is qualified through the California Secretary of State (SOS) to do business in CA ☐ California Non-resident (see reverse) – Payments to CA non-residents may be subject to state income tax withholding ☐ A Waiver from CA state tax withholding is attached (From the CA Franchise Tax Board, www.ftb.ca.gov)	
Section 6	Are you (Vendor) or any of your employees employed by the CSU? ☐ Yes ☐ No If yes, provide employee name(s) and relationship as an attachment to this form.	
Section 7 **Certifying Signature**	**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.**	
	Authorized Vendor Representative's Name (Print):	Title:
	Signature:	Date: / Phone:

VENDOR DATA RECORD

(204 Form)

Required in lieu of IRS W-9 when doing business with the State of California

Are you a California resident or nonresident?

Each corporation, individual/sole proprietor, partnership, estate, or trust doing business with the State of California must indicate residency status along with their taxpayer identification number.

A **corporation** is defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.

For **individuals and 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 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 nonresident.

A **partnership** is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.

For information on residency status, contact 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

Are you subject to California nonresident withholding?

Payments made to California nonresident vendors, including corporations, individuals, partnerships, estates and trusts, are subject to California income tax withholding. California 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 withholding is required if total payments to the payee are $1,500 or less for the calendar year.

A California nonresident vendor may request that income tax withholding be 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 vendor activity is carried on outside of California or partially outside of California, a waiver may be granted.

A California nonresident vendor may request a reduction in the standard 7% income tax withholding amount by sending a completed form FTB 589 to the address below, or by completing the form online at www.ftb.ca.gov If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.

For more information, contact the Franchise Tax Board:
Withholding Services and Compliance Section
P.O. Box 942867
Sacramento, CA 94267-0651
Telephone from within the U.S.: 1-888-792-4900
Telephone from outside the U.S.: 1-916-845-4900
Fax: (916) 845-9512 Email: wscs.gen@ftb.ca.gov

Foreign Individuals and Foreign Businesses

Federal tax withholding regulations differ significantly from California's tax withholding requirements. A tax analysis is required and all foreign individuals must complete the "Foreign National Data Collection Form" to determine U.S. residency status. Failure to complete the form may require up to 30% federal tax withholdings from payment. For more information, refer to the IRS website for nonresident withholding at http://www.irs.gov/Individuals/International-Taxpayers/NRA-Withholding.

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 Revenue and Taxation Code Section 18646, to facilitate tax compliance 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).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided is subject to withholding and state law imposes noncompliance 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 SSU Accounts Payable at 707-664-3833.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. All other questions should be referred to the requesting department listed in section 1.

VOLUNTARY STATISTICAL DATA SHEET

Information to be used for reporting purposes only

Public Contract Code 10111 requires state agencies to capture information on ethnicity, race and gender (ERG) of business owners on all awarded contracts and procurements to the extent that the information has been voluntarily reported to the department. The awarding department is prohibited from using this data to discriminate or provide a preference in the solicitation or acceptance of bids, quotes, or estimates for goods, services, construction and/or information technology. This information shall not be collected until after the contract award is made. The completion of this form is **strictly voluntary**.

The data you provide on this form should best describe the *ownership of your business*. Ownership of a business should be determined as follows:

- For a business that is an sole proprietorship, partnership, corporation, or joint venture at least 51 percent is owned by one or more individuals in a classification designated below or, in the case of any business whose stock is publicly held, at least 51 percent of the stock is owned by one or more individuals in a designated classification, or
- For other business entities, the owner is the person controlling management and daily operations and who "owns" the business.

For purposes of this report, respond only if the business has its home office in the United States and which is not a branch or subsidiary of a foreign corporation, firm, or other business.

Ethnicity/Minority Classification As defined in Public Contract Code Section 2051 (c)

- ❑ **Asian-Indian** – a person whose origins are from India, Pakistan, or Bangladesh.
- ❑ **Black** – a person having origins in any of the Black racial groups of Africa.
- ❑ **Hispanic** – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race.
- ❑ **Native American** – an American Indian, Eskimo, Aleut, or Native Hawaiian.
- ❑ **Pacific Asian** – a person whose origins are from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Trust Territories of the Pacific including the Northern Marianas
- ❑ **Other** – Any other group of natural persons identified as minorities in the respective project specifications of an awarding department or participating local agency.

Race Classification As defined by the Office of Management and Budget, Federal Register Notice, October 30, 1997, at http://www.whitehouse.gov/omb/fedref/1997standards.html

- ❑ American Indian or Alaska Native
- ❑ Asian
- ❑ Black or African American
- ❑ Native Hawaiian or Other Pacific Islander
- ❑ Other
- ❑ White

Gender Classification

- ❑ Female
- ❑ Male

Sexual Orientation Classification As defined by Public Contract Code 10111(f)

- ❑ Lesbian
- ❑ Bisexual
- ❑ Gay
- ❑ Transgender

ITEMS BELOW TO BE COMPLETED BY STATE AGENCY/DEPARTMENT ONLY

- ❑ **Goods**
- ❑ **Services**
- ❑ **Construction**

Total Contract Purchase: _____ **Contract Award Date:** _____

CSU Channel Islands **Vendor Data Record (VDR) Complement Form** Supplier#_____
(Assigned by CSUCI)

This information is required from each service provider/contractor/vendor doing business with the State of California. *The completed form must be on file with California State University Channel Islands prior to payment.* Questions? Call (805) 437-8449.

PLEASE USE BLACK INK, PRINT OR TYPE

Send ORDERS to:

Company Name _____

STREET/P.O. BOX _____

CITY, STATE, ZIP CODE _____

AREA CODE AND PHONE _____

SITE FAX (for FAX orders) _____

SITE E-MAIL _____

CONTACT NAME _____

CONTACT TITLE _____

CONTACT AREA CODE AND PHONE # (if different from site phone) _____

Send PAYMENTS to:

STREET/P.O. BOX _____

CITY, STATE, ZIP CODE _____

AREA CODE AND PHONE _____

FAX # _____

EMAIL _____

CONTACT NAME _____

CONTACT TITLE _____

CONTACT AREA CODE AND PHONE _ (if different from site phone) _____

CSUCI standard terms are Net 30 unless payment discount offered.

Payment Terms:_____

Ship Via: _____

FOB: Destination Ship Point

Freight Terms: Prepaid and Add Prepaid and Allowed

Contractor's license classification: _____
(Example: MasGnry, C-29)

(if class is Limited Specialty, C-61, specify specialty)

Briefly describe *primary* commodity, equipment or service offered:
(List one only. Enclose product line card and catalogue CD if available.)

_____

_____

_____

_____

WEB Site Address: _____

Send BIDS to:

STREET/P.O. BOX _____

CITY, STATE, ZIP CODE _____

SITE AREA CODE AND PHONE # _____

FAX # (for bid) _____

EMAIL _____

CONTACT NAME _____

CONTACT TITLE _____

CONTACT AREA CODE AND PHONE _____

Check all that apply:

Supplier/Contractor is certified in the following categories:

☐ Disabled Veteran Owned Business*
Must be certified through OSBCR; 51 % ownership and 10% service-related disability.

☐ Small Business*
Must be certified by the State of California through OSBCR

* Attach **Office** of Small Business Certification and Resources (OSBCR) certification letter (formerly OSMB).

Supplier provides recycled products:

- Compost and Co-Compost ☐
- Fine Printing and Writing Paper ☐
- Glass Products ☐
- Lubricating Oils ☐
- Paint ☐
- Paper Products ☐
- Plastics ☐
- Steel ☐
- Solvents ☐
- Tire-Derived Products ☐
- Tires ☐

Emergency Resource Information: By providing the following information, supplier/contractor may be called upon to provide resources in the event of a campus emergency or when the campus is designated a relief shelter for area residents by the County Emergency Services Department. This data is confidential and will only be used in time of extreme emergencies.

Contact (after business hours):_____ Relation to business: _____
(Example: owner partner, manager)

Residence Phone: _____

Cellular Phone:_____

Deliver to Emergency sites? Yes ☐ No ☐

Accept return of unused supplies? Yes ☐ No ☐

Emergency Resource Information will be updated annually.

Rev.3/17

Supplier/Contractor's endorsement on VDR Form 204 certifies that all information provided herein is correct. Supplier/Contractor is aware of Sect. 12650 et seq, of the Government Code which imposes treble damages for false claims against the State, and Sect. 10115,10 of the Public Contract Code making it a crime for intentional untrue statements in this certification.