



1 This information is required from each vendor/contractor doing business with the State of California. This form is required in lieu of IRS W-9 and State of California Form 204. The completed form must be on file with San Francisco State University prior to payment. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See SFSU Vendor/Payee Form Information for more information and Privacy Statement.

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

2	Vendor/Payee Legal Business Name	Check the box which best describes your primary business with SFSU. <input type="checkbox"/> Equipment/Supplies <input type="checkbox"/> Rent <input type="checkbox"/> Medical Services <input type="checkbox"/> Royalties <input type="checkbox"/> Legal Services <input type="checkbox"/> Legal Settlement <input type="checkbox"/> Non-medical Services <input type="checkbox"/> Prizes/Awards <input type="checkbox"/> Non-employee Comp <input type="checkbox"/> Interest <input type="checkbox"/> Other _____
	Sole Proprietor-Enter Name as shown on SSN (Last, First, M I)	
	Mailing Address (Number and Street or PO Box Number)	
	(City, State, and Zip Code)	

3 ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): **OR** ENTER SOCIAL SECURITY NUMBER (SSN):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CORPORATION:
 Medical
 Legal
 Exempt (nonprofit)
 All Others
 PARTNERSHIP
 ESTATE OR TRUST

INDIVIDUAL OR SOLE PROPRIETOR

NOTE:
 Payment will not be processed without an accompanying taxpayer ID number, unless considered a foreign vendor.
 Check here if company does not have a location within US borders.

4 For California Tax Purposes:	For Federal Tax Purposes:
<input type="checkbox"/> California Resident – Qualified to do business in CA or a permanent place of business in CA <input type="checkbox"/> CA Nonresident – Payments for services by CA nonresidents 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	<input type="checkbox"/> US Citizen or Permanent US Resident Alien (Green Card Holder) <input type="checkbox"/> Nonresident Alien (Not a US Citizen of a Permanent Resident Alien)

5 I hereby certify under penalty of perjury that the information provided on this document is true and accurate. I will promptly notify SFSU of changes.

AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE
SIGNATURE	TELEPHONE:
DATE	FAX:

6 **Please return completed form via fax to:**
 SAN FRANCISCO STATE UNIVERSITY
 FISCAL AFFAIRS – VENDOR COORDINATOR
 1600 HOLLOWAY AVENUE, ADM 350
 SAN FRANCISCO CA 94132

FAX: 415-841-5038
 PHONE: 415-338-3561
 Web: <http://fiscaff.sfsu.edu>



Name:

Company Name DBA

Customer Number assigned to SFSU

Address: If address listed on page 1 is the only address, skip down to **Terms**.

Purchase Order/Bid Address

PO Phone & Fax Numbers

E-mail & Internet Address

Remittance Address (if different)

A/R Phone & Fax (if different)

Terms: SFSU standard terms are Net 30 unless payment discount offered.

Payment Terms: FOB: Destination Ship Point

Ship Method: Freight Terms: Prepaid and Add Prepaid and Allowed

Contractor's License Number

Certification: My business is certified by the State of California's Office of Small Business Certification and Resources (OSBCR) as:

Disabled Veteran Owned Business Small___ Micro___ Business (Select One)

Certification Number _____ Certification # _____

Gender/Ethnicity: The completion of this section is strictly voluntary. The ownership of my business is (minimum 51% ownership):

Asian-Indian - Person whose origins are from India, Pakistan or Bangladesh.

Black - Person whose origins are from any of the black racial groups of Africa.

Hispanic - Person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture of origin.

Native American - An American Indian, Eskimo, Aleut, or Native Hawaiian

Pacific-Asian - Person whose origins are from Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, Philippines, Samoa, or Guam.

Other - Any other group of natural persons identified as minorities.

Gender: Female Male

Contact:

PO/Bid Contact Name/Title

PO Contact Phone & Fax (if different than above)

PO Contact E-mail (if different than above)

A/R Contact Name/Title

A/R Contact Phone & Fax (if different than above)