

Required in lieu of IRS W-9 when doing business with the State of California. Governmental entities, federal, state & local (including public school districts) need to submit this form and indicate their exempt status. UCSC collects this information to prepare (Form 1099) returns and for withholding on payments to nonresident payees. **Refer to:** Privacy Statement and Residency Information on page three of this form.

Section 1: Business and Personal Information		
Legal Business Name and DBA Name (as applicable)		Person or Sole Proprietor - Enter full name here (Last, First)
Permanent Business Address (number & street or P.O. Box) <b>(Required)</b>		Permanent Remittance (Address (if different from Business Address) <b>(Required)</b> )
City, State & Zip code		City, State and Zip code
Email:	FAX #	(Optional) UCSC Campus Mail Stop (Complete ONLY after providing Permanent Address)
Phone #	Toll Free #	

Section 2: Payee's Entity Type (Company or Person) <b>Check One Box Only</b>	
<u>COMPANIES</u>	<u>PERSONS</u>
<input type="checkbox"/> Non Profit Corporation <input type="checkbox"/> Medical / Dental / Legal Corp. <input type="checkbox"/> All Other Corporations	<input type="checkbox"/> Estate or Trust <input type="checkbox"/> Partnership or LLC <input type="checkbox"/> Sole Proprietor
	<input type="checkbox"/> UCSC Employee <input type="checkbox"/> UCSC Student <input type="checkbox"/> Employee or Student (other UC campus) <input type="checkbox"/> Other Person (no UC affiliation)

Section 3: Activity and Payment Terms	
<input type="checkbox"/> Medical / Legal Svcs. <input type="checkbox"/> Services (nonmedical)	<input type="checkbox"/> Travel <input type="checkbox"/> Rent
<input type="checkbox"/> Royalties <input type="checkbox"/> Prizes / Awards	<input type="checkbox"/> Non-Employee Compensation <input type="checkbox"/> Equipment/Supplies
<input type="checkbox"/> Reimbursement <input type="checkbox"/> Other (Specify) _____	
Specify your invoice payment terms (e.g., 2% 15/Net30): _____ Do you collect Calif State's sales tax? If so, what% _____	
List primary goods or services offered by you or your company: _____	

Section 4: Payee's Taxpayer I.D. Number (FEIN or SSN) <b>Required in order to process payment</b>	
Social Security number for individual/Sole Proprietor by authority of the revenue and taxation code section 18646. (See Pg 3)	
Federal Employer's Identification Number (FEIN) (Corp./Partnership)	Social Security Number (SSN) - (Individual/Sole Proprietor)

Section 5: Payee's Citizenship and Residency	
Are you a United States citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what is your country of citizenship? _____	<b>Foreign Visitors:</b> A copy of the visitor's I-94 is required for all visa types. A Certificate of Academic Activity, copy of I-94 or ESTA confirmation & application is required if a visitor holds a B-1, B-2, WB, or WT visa. Mexican and Canadian visitors who enter the U.S. without a visa or I-94 must provide a copy of their passport or equivalent travel documentation, plus complete a Certificate of Academic Activity. Additional paperwork may be required for foreign visitors. See: <a href="http://financial.ucsc.edu/Pages/Payments_Appendix_ForeignNationals.aspx">http://financial.ucsc.edu/Pages/Payments_Appendix_ForeignNationals.aspx</a>
Are you a Foreign Permanent Resident? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a copy of your Resident Alien (green) card	
Are you a resident of CA for tax purposes? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what State do you claim residency in? _____	

Section 6: Tax Withholding Information - Services performed by non-residents may be subject to California Tax withholding	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver of State Withholding from Franchise Tax Board is attached
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were services performed in California? If yes, what % of the service performed in CA? _____

Section 7: Business Information		
<b>Business Size</b> <input type="checkbox"/> Large (>500 employees) <input type="checkbox"/> Small (<500 employees) US SBA Certified? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Business Type</b> <input type="checkbox"/> Women-owned (51% or more) <input type="checkbox"/> Disadvantaged (51% or more) <input type="checkbox"/> Veteran-owned (51% or more)	Questions: (831) 459-2311 or <a href="mailto:buy4me@ucsc.edu">buy4me@ucsc.edu</a> <input type="checkbox"/> Service-Disabled Veteran-owned (51% or more) <input type="checkbox"/> Historically Black Colleges & Universities <input type="checkbox"/> HubZone
		<b>Conflict of Interest Overview:</b> <a href="http://purchasing.ucsc.edu/howto/conflictinterest.html">http://purchasing.ucsc.edu/howto/conflictinterest.html</a>

Section 8: Certification and Required Signature	
I hereby certify under penalty of perjury that the information provided is true and correct. Promptly inform the University of residency status changes.	
<b>Authorized Payee's Representative's Name</b> (Type or Print)	
Name: _____	Signature: _____
Title: _____	Date: _____ Phone: _____ E-Mail: _____

Mail original to: UCSC, 1156 High St., Attn: Accounting Office, Santa Cruz, CA 95064. Urgent requests: Fax to (831) 459-3747 & mail original.

# Vendor Electronic Funds Authorization Form

(Only for use with banks within the United States)



**Important: Form must be filled out in Adobe Reader 8 or above for form functionality**  
**Form questions: Email [finpolicy@ucsc.edu](mailto:finpolicy@ucsc.edu)**

This form authorizes the University of California, Santa Cruz, to make payments to a business or individual electronically. All payments will be paid into the account designated by the voided check you attach to this form. You will be notified of payments by email, with the payment settling into your bank account within two days following the email notification. You are responsible for notifying UCSC of any changes pertinent to payment, such as changes in banking information or your email address.

## Step 1: Complete all fields

Your name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Print / type

Your mailing address: \_\_\_\_\_  
Street City State Zip Code

Your email address: \_\_\_\_\_

Name of Bank/Depository: \_\_\_\_\_

Name of company (If applicable): \_\_\_\_\_

## Step 2: Attach a voided check to this form Account type Checking Savings

### OFAC Compliance

The University of California is obligated to comply with requirements of the U.S. Department of Treasury, Office of Foreign Assets Control (OFAC) which oversees payments sent outside the territorial jurisdiction of the United States. This includes automated clearing house (ACH) payments, such as electronic funds transfers (EFT). The University is obligated to identify as an "International ACH Transaction" (IAT) and EFT payments that are:

- ◆ Made by the University to a financial institution located outside the U.S.
- ◆ Made by the University to a domestic financial institution that immediately transfers the full deposit amount to a financial institution outside the U.S. (a "back to back transaction").

## Step 3: Check either yes or no for OFAC question

Does your bank transfer all remittance funds outside the United States in a back-to-back transaction?

Yes  No

Print account authorizer's name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

## Step 4: Submit completed form with voided check attached to:

Mail to: University of California Santa Cruz - Accounting Office  
1156 High Street, Santa Cruz, CA 95064  
or  
FAX to: (831) 459-3747 (also fax voided check with form)

## 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 their residency status along with their payee's identification number.

A corporation will be considered a "resident" 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 employee.

For **individuals/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 that 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.

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: 1-916-854-6500  
For hearing impaired with TDD, call: 1-800-822-6268

## 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 the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109. The TIN for individual and sole proprietorships is the 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 noncompliance penalties of 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 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.

## Electronic Funds Transfer Authorization

The University of California, Santa Cruz campus, requests your participation in a program to process your vendor payments by transferring funds electronically through the bank industry's ACH system. All remittance information for these payments will be emailed to you, and will not be sent through the US mail service. To authorize transfer of electronic funds, please complete the Vendor Electronic Funds Authorization form located on page 2 of this document.

## Are you subject to tax withholding?

Payments made to nonresident payees, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident payees 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 non resident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address listed below. A waiver will generally be granted when a payee has a history of filing California returns and making timely estimated payments. If the payee 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 at Source Unit  
Attention: State Agency Withholding Coordinator  
P.O. Box 651  
Sacramento, CA 95812-0651  
Telephone: (916) 845-4900  
FAX: (916) 845-4831

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