SANTA MONICA	COMMINITY	COLLEGE	DISTRICT
SAINTA MONICA	COMMUNITIES	COLLEGE	DISTRICT

VENDOR DATA RECORD

(Required when receiving payment from the Santa Monica College in lieu of IRS W-9 or W-7)

STD 204 (Rev. 5/2018)

VENDOR	#

1	INSTRUCTIONS: Type or print the information. Complete all information on this form. Sign, date, and return to Santa Monica College. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by California State agencies to prepare Information Returns (Form1099). See next page for more information and Privacy Statement.								
	BUSINESS NAME								
2	200111200 17 41112								
_	SOLE PROPRIETOR, SINGLE MEMBER LL	.C. INDIVI	DUAL (Name as shown	on SSN or ITIN) Last First MI	E-MAIL ADDRE	SS			
		,	_ (, tame as shear.)	200, 0, 1111, 200, 1110, 1110					
	MAILING ADDRESS			BUSINESS ADDRESS					
	INVENTO ADDITECT		BOOMEOU ADDICEOU						
	CITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE		
	0.1.1	OIAIL	2 0052			OTALL	2 0052		
3	ENTER FEDERAL EMPLOYER IDENT	IFICATIO	N NUMBER (FEIN):	_			NOTE:		
3	PARTNERSHIP	C	ORPORATION:				Payment will not be processed		
VENDOR ENTITY		C		., dentistry, psychotherapy,	chironractic etc.)		without an		
TYPE	ESTATE OR TRUST		LEGAL (e.g., a		ormopraduo, did.)		accompanying taxpayer		
			EXEMPT (non)	· · · · · · · · · · · · · · · · · · ·			identification		
CHECK			ALL OTHERS				number.		
ONE BOX ONLY	ENTER SSN OR ITIN:			_					
OHE	SOLE PROPRIETOR, INDIVIDUAL	. OR	Soci	Lal Security Number (SSN) o	ar Individual Tayna	Toyngyar Idantification			
	SINGLE MEMBER LLC (Disregarde			nber (ITIN) are required by a	uthority of Califor	rnia Revenue and			
				Tax Code section	s 18646 and 1866	61)			
4	CALIFORNIA RESIDENT - Qualified to do business in California or maintains a permanent place of business in California.								
4	CALIFORNIA NON RESIDENT (see	e next page	for more information) -	Payments to nonreside	nts for services	may be subject			
VENDOR	to State income tax withholding.								
RESIDENCY STATUS	No services performed in Cali Copy of Franchise Tax Board		State withholding of	tachad					
	0 11								
_	I hereby certify under penalty of p Should my residency status change					true and corre	ct.		
5	AUTHORIZED VENDOR REPRESENTATION	, ,	low.	TEL EDUONE	(include area code)				
	AOTHORIZED VENDOR REFRESENTATIV	VE 3 NAIV	i L (Type of Fillit)	TITLE		TELEFHONE	include area code)		
	SIGNATURE			DATE	F-MAII	ADDRESS			
	OIONATONE			DATE		ADDITECT			
	Please return completed form to:								
6	DEPARTMENT UNIT/SECTION								
	Purchasing Department								
	MAILING ADDRESS			TELEPHONE (include area code) FAX					
	1900 Pico Blvd				310-434-4304 310-434-365		4		
	CITY	STATE ZIP CODE E-MAIL ADDRESS							
	Santa Monica	CA	90405	purchasing@sm	c.edu				
	1	1	1	ī					

VENDOR DATA RECORD

(Required when receiving payment from the Santa Monica College in lieu of IRS W-9 or W-7) STD 204 (Rev. 5/2018)

1

Requirement to Complete the Vendor Data Record, STD 204

A completed Vendor Data Record, STD 204 form, is required for all vendor (non-governmental entities or individuals) entering into a transaction that may lead to a payment from SMC. Each State agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple State agencies with which you do business.

Vendors who do not wish to complete the STD 204 may elect not to do business with the State. If the vendor does not complete the STD 204 and the required vendor data is not otherwise provided, payment may be reduced for federal and State backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).

2

Enter the vendor's legal business name. The name must match the name on the vendor's tax return as filed with the federal Internal Revenue Service. Sole proprietorships and single member limited liability companies (LLCs) must also include the owner's full name. An individual must list his/her full name as shown on the SSN or as entered on the W-7 form for ITIN.

The mailing address should be the address at which the vendor chooses to receive correspondence. The business address is the address of the business' physical location.

3

Check only **one** box that corresponds to the vendor business type. Corporations must check the box that identifies the type of corporation.

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.

Vendors must provide **one** of the following TINs on this form: social security number (SSN), individual taxpayer identification number (ITIN), or federal employer identification number (FEIN). The TIN for sole proprietorships, single member LLC (disregarded entities), and individuals is the SSN or ITIN. Only partnerships, estates, trusts, corporations, and LLCs (taxed as partnerships or corporations) will enter their FEIN.

4

Are you a California resident or nonresident?

A corporation will be 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.

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 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 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.

Payments to all nonresidents may be subject to 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 withholding is required if total payments to the vendor are \$1,500 or less for the calendar year.

For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:

Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov

For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov

5

Provide the name, title, email address, signature, and telephone number of the individual completing this form. Provide the date the form was completed.

6

This section must be completed by SMC requesting the STD 204.

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 their 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.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup 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 that business.

All questions should be referred to the requesting State agency listed on the bottom front of this form.