

PAYEE SETUP REQUEST (204) Required in lieu of IRS W-9 when doing business with the State of Calif. Revised 1/7/2010

NOTE: Governmental entities, federal, state, & local (including public school districts) need to submit this form and indicate their exempt status.

PURPOSE: Information contained in this form will be used by UCSC to collect business information, to prepare information returns (Form 1099) and for withholding on payments to nonresident payees. See Privacy Statement and Residency Information on page two of this form

LEGAL BUSINESS NAME AND DBA NAME (as applicable)	PERSON OR SOLE PROPRIETOR -ENTER FULL NAME HERE (Last, First)
(REQUIRED) PERMANENT BUSINESS Address- (number & Street or P.O. Box)	(REQUIRED) PERMANENT REMITTANCE Address (if different from Business Address)
	(OPTIONAL) CAMPUS MAIL STOP (Complete ONLY after providing Permanent Address)
City, State, and Zip Code	City, State, and Zip Code
Phone #:	Toll Free #: FAX #:
Email #:	

PAYEE'S ENTITY TYPE (Company or Person) CHECK ONE BOX ONLY	COMPANIES	PERSONS
	<input type="checkbox"/> NON PROFIT CORPORATION <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> PARTNERSHIP OR LLC <small>(inc. Dentistry, Podiatry, Psychotherapy, Optometry, Chiropractic)</small> <input type="checkbox"/> ALL OTHER CORPORATIONS <input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> UCSC EMPLOYEE <input type="checkbox"/> UCSC STUDENT <input type="checkbox"/> EMPLOYEE or STUDENT of another UC campus <input type="checkbox"/> OTHER PERSON (no UC affiliation)

ACTIVITY MEDICAL/LEGAL SVCS EQUIPMENT/SUPPLIES ROYALTIES NON-EMPLOYEE COMPENSATION OTHER (Specify)

SERVICES(nonmedical) RENT PRIZES/AWARDS REIMBURSEMENT TRAVEL

Specify your invoice payment terms (e.g., 2% 15/Net 30): _____ Do you collect Calif State sales tax? If so, what % _____

List primary goods or services offered by you or your company: _____

PAYEE'S TAXPAYER I.D. NUMBER	NOTE: SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF THE REVENUE AND TAXATION CODE SECTION 18646 (See reverse/pg 2) FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) SOCIAL SECURITY NUMBER - - - IF PAYEE'S ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST ENTER FEIN. IF PAYEE'S ENTITY TYPE IS INDIVIDUAL/ SOLE PROPRIETOR, ENTER SSN.	NOTE: Payment cannot be processed without a taxpayer ID
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PAYEE'S CITIZENSHIP - Check Appropriate Box(es) <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a U.S. Citizen? If no, what is the country of your citizenship? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Non-Resident (Non U.S. Citizen)? If yes, what country of residency do you claim _____	PAYEE'S RESIDENCY - Check Appropriate Box(es) <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Resident Alien? If yes, attach a copy of your Resident Alien card. <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Resident of CA for tax purposes? If no, what State do you claim residency in _____
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Foreign Visitors: A copy of the visitor's I-94 is required for all visa types. A Certificate of Academic Activity 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 other legal identification. In addition, completion of a Certificate of Academic Activity form is required.

Additional paperwork may be required for foreign visitors. Contact UCSC Payroll Office at 831-459-4203 for additional information.

TAX WITHHOLDING INFORMATION – Check Appropriate Box(es)

Yes No Waiver of State Withholding from Franchise Tax Board is attached

Yes No Were services performed in California? If yes, what % of the service was performed in California? _____

Note: Payments to nonresidents for services performed in California may be subject to State tax withholding.

Business Size <input type="checkbox"/> Large (>500 employees) <input type="checkbox"/> Small (<500 employees) <input type="checkbox"/> Yes <input type="checkbox"/> No US SBA Certified	Business Type: <input type="checkbox"/> Women-owned (51% or more) <input type="checkbox"/> Disadvantaged (51% or more) <input type="checkbox"/> Veteran-owned (51% or more)	Questions: 831-459-3343 <input type="checkbox"/> Service-Disabled Veteran-owned (51% or more) <input type="checkbox"/> Historically Black Colleges & Universities <input type="checkbox"/> HUBZone	Conflict of Interest: See Conflict of Interest Overview at: http://purchasing.ucsc.edu/howto/conflictinterest.html
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I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.

REQUIRED SIGNATURE

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



ACCOUNTING SERVICES

SANTA CRUZ, CALIFORNIA 95064

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. By completing this form, you agree to:

- 1) authorize U.C. Santa Cruz to make payments electronically (EFT)
- 2) certify the depository institution, their routing number, and your account number
- 3) direct that all such electronic funds transfers be made to the designated account
- 4) provide thirty (30) days advance notice in writing to the U.C. Santa Cruz Accounting Office of any changes in the depository institution or other payment instructions
- 5) receive all remittance notification by email
- 6) provide immediate notice to U.C. Santa Cruz of change in the email address

For timely payment, type or print clearly

Your Name: _____ **Assigned Vendor #** _____
(UC Acct. Off. Use only)

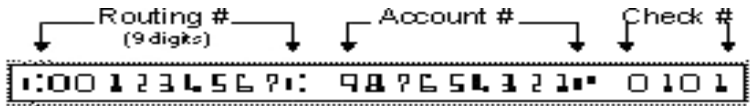
Your Address: _____

Your E-mail Address: _____ **Your Phone #** _____

Name of Bank Depository Institution: _____

Address: _____

Bank Routing Number: _____



Account Number: _____
(or staple a void check - NOT a deposit slip to this form)

Account Type: (circle one) Checking Savings

I acknowledge and agree with the terms and conditions of U.C. Santa Cruz concerning the method and timing of payment for goods and services.

(Print name of company or person)

(Signature)

Date _____ **Title** _____

UCSC Accounting Authorized Signature, Title, and Date: _____