

**CALIFORNIA STATE UNIVERSITY, LONG BEACH FOUNDATION**

**Substitute W-9 Form**

(Required in lieu of IRS W-9)

**RETURN FORM TO THE REQUESTER. DO NOT SEND TO THE IRS. INCLUDE ALL REQUESTED INFORMATION**

<b>1.</b>	Department/Office <b>CSULB Department of Nursing c/o Alison Kliachko-Trafas</b> Street Address <b>1250 Bellflower Boulevard</b> City, State, Zip Code <b>Long Beach, CA 90840</b> Telephone Number <b>(562) 985-4473</b>	<b>PURPOSE:</b> Information contained in this form will be used by CSULB Foundation to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments.  (See Privacy Act Notice on reverse)
<b>2.</b>	Student Information _____ Full Name Here (Last, First, M.I.)  _____ Mailing Address (Number and Street or P.O. Box Number)  _____ (City, State, and Zip Code)	<p align="center"><b>PLEASE CHECK ONE</b></p> <input type="checkbox"/> Equipment/Supplies <input type="checkbox"/> Non-Medical Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Non-Emp Comp <input type="checkbox"/> Prizes/Awards <div style="margin-left: 250px;"> <input type="checkbox"/> Rent  <input type="checkbox"/> Royalties  <input type="checkbox"/> Attorney Fees  <input type="checkbox"/> Legal Settlement                 </div>
<b>3.</b>	<p align="center"><b>CHECK ONE BOX ONLY</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <b>Medical Corporation</b> (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)   <input type="checkbox"/> <b>Exempt Corporation (Non-profit)</b> Copy of 501C may be required   <input type="checkbox"/> <b>All Other Corporations</b> </div> <div style="width: 45%;"> <input type="checkbox"/> <b>Partnership</b>   <input type="checkbox"/> <b>Estate or Trust</b>   <input checked="" type="checkbox"/> <b>Individual/Sole Proprietor</b> </div> </div>	
<b>4.</b>	<p align="center"><b>SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF THE REVENUE AND TAXATION CODE SECTION 18646</b> (See reverse)</p> <p align="center"><b>SOCIAL SECURITY NUMBER</b></p> <p align="center">                           /         /  Enter SSN here             </p>	
<b>5.</b>	<p><b>State residency</b></p> <input type="checkbox"/> California Resident <input type="checkbox"/> Non California Resident  <p>US Residency</p> <input type="checkbox"/> US Resident <input type="checkbox"/> Non US Resident	
<b>6.</b>	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.	
	<b>NAME (Type or print)</b>	<b>TITLE</b>
	<b>SIGNATURE</b>	<b>DATE</b>
	<b>TELEPHONE NUMBER</b>	
	<b>FAX NUMBER</b>	



# CALIFORNIA STATE UNIVERSITY, LONG BEACH FOUNDATION SUBSTITUTE W-9 FORM

## ARE YOU A RESIDENT OR NONRESIDENT?

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

A **corporation** will be considered a "resident" if it 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 employees.

For **individual/sole proprietors**, the term "resident" includes every individual who is in California for other than 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.

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 ..... 1-800-822-6568

## ARE YOU SUBJECT TO NONRESIDENT WITHHOLDINGS?

Payments made to nonresident vendors, including corporation, individual/sole proprietor, partnership, estate, or trust are subject to withholding. Nonresident vendors performing services in California or receiving rent, lease or royalty payments from property (real or personal) located 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 \$1500 or less for the calendar year.

A nonresident vendor 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 vendor 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 or reduced withhold 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 to this form.**

## PRIVACY ACT NOTICE

Section 6109 of the internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and states agencies to enforce Federal nontax criminal laws and to combat terrorism. You must provide your TIN whether or not you are requested to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.