

PAYMENT DATA RECORD STD204 (REV 04-2003) (Required in lieu of IRS W-9 when doing business with the State of Calif)
 NOTE: Governmental entities, federal, state, and local (including public school districts) need to submit this form and indicate their exempt status.

ARE YOU A NEW VENDOR/INDIVIDUAL? Y/N

ARE YOU UPDATING EXISTING INFO? Y/N

Send to: UCSC-Center for Adaptive Optics--D. Myers
 1156 High Street
 Santa Cruz, CA 95064
Or Fax: (831) 459-5717
ATTENTION: Debbie Myers

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 reverse/page two of this form

BUSINESS NAME or DBA NAME	PERSONS OR SOLE PROPRIETOR (dba)-ENTER FULL NAME HERE (Last, First)
Business Address-(number and Street or P.O. Box Number)	Remittance Address (if different from Business Address)
(City, State, and Zip Code)	(City, State, and Zip Code)
Phone #:	Toll Free #: FAX #:

PAYEE'S ENTITY TYPE (Company or Person) CHECK ONE BOX ONLY	COMPANIES		PERSONS	
	<input type="checkbox"/> EXEMPT CORPORATION (Non-Profit)	<input type="checkbox"/> ESTATE OR TRUST	<input type="checkbox"/> UCSC EMPLOYEE	<input type="checkbox"/> UCSC STUDENT
	<input type="checkbox"/> MEDICAL CORPORATION (including dentistry, Podiatry, Psychotherapy, Optometry, Chiropractic, etc.)	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> EMPLOYEE or STUDENT of another UC campus	
	<input type="checkbox"/> ALL OTHER CORPORATIONS	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> OTHER PERSON (no UC affiliation)	

ACTIVITY Check box(es)

<input type="checkbox"/> MEDICAL/LEGAL SVCS	<input type="checkbox"/> EQUIPMENT/SUPPLIES	<input type="checkbox"/> ROYALTIES	<input type="checkbox"/> NON-EMPLOYEE COMPENSATION	<input type="checkbox"/> OTHER (Specify below)
<input type="checkbox"/> SERVICES (non-medical)	<input type="checkbox"/> RENT	<input type="checkbox"/> PRIZES/AWARDS	<input type="checkbox"/> REIMBURSEMENT	<input type="checkbox"/> TRAVEL

Specify if "Other": _____

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 ID NUMBER	NOTE: SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF THE REVENUE AND TAXATION CODE SECTION 18646 (See reverse)	NOTE: Payment cannot be processed without a taxpayer ID
	FEDERAL EMPLOYER'S ID 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. _____

PAYEE'S CITIZENSHIP - Check Appropriate Box(es)	PAYEE'S RESIDENCY - Check Appropriate Box(es)
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a US Citizen? If no, what is the country of your citizenship? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Resident Alien of the US? If yes, attach a copy of the Resident Alien card. _____
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Non-Resident (Non US Citizen)? If yes, what country of residency do you claim? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a resident of Calif for tax purposes? If no, what state do you claim residency in? _____

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 US 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 831-459-4208 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:	Business Type:	Conflict of Interest? Call:
<input type="checkbox"/> Large (More than 500 employees)	<input type="checkbox"/> Women-owned (51% or more)	831-459-2311 if an employee or near relative may be selling goods or services
<input type="checkbox"/> Small (Fewer than 500 employees)	<input type="checkbox"/> Disadvantaged (51% or more)	
<input type="checkbox"/> Yes <input type="checkbox"/> No US SBA Certified?	<input type="checkbox"/> Veteran-owned (51% or more)	
	<input type="checkbox"/> Service-Disabled Veteran owned (51% or more)	
	<input type="checkbox"/> Historically Black Colleges and Universities	
	<input type="checkbox"/> HUBZone	

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)	TITLE
	SIGNATURE	DATE TELEPHONE