



SUPPLEMENT VENDOR PAYEE DATA RECORD FORM

Form to be completed by Vendor.

LEGAL NAME OF BUSINESS

DBA

FEIN OR SSN NUMBER

BUSINESS PHYSICAL ADDRESS

STREET

CITY

STATE

ZIP

REMIT TO INFORMATION

(WHERE YOU WANT YOUR PAYMENTS SENT. ADDRESS MUST MATCH REMIT TO ADDRESS ON INVOICE.)

COMPANY NAME

STREET(P.O. Box)

CITY

STATE

ZIP

CONTACT INFORMATION

SALES CONTACT PERSON

ACCOUNTING CONTACT PERSON

TITLE

TITLE

PHONE

PHONE

FAX

FAX

SALES E-MAIL ADDRESS

WEB-SITE ADDRESS:

PURCHASING INFORMATION

SERVICE TYPE OF SERVICE PROVIDED:

☐ COMMODITY TYPE OF PRODUCT PROVIDED:



SUPPLEMENT VENDOR PAYEE DATA RECORD FORM

BUSINESS DESIGNATION (Fill out only if registered with the Dept. of General Services)

☐ SMALL BUSINESS (SB)	CERTIFICATION # -	EXPIRATION DATE
☐ MICRO BUSINESS (MB)	CERTIFICATION # -	EXPIRATION DATE
☐ DVBE BUSINESS	CERTIFICATION # -	EXPIRATION DATE
☐ SMALL BUSINESS PUBLIC WORK	CERTIFICATION # -	EXPIRATION DATE
☐ NP VETERAN SERVICE AGENCY	CERTIFICATION # -	EXPIRATION DATE
☐ NON-PROFIT RECOGNITION	CERTIFICATION # -	EXPIRATION DATE

TAX INFORMATION (Fill out if you expect a 1099 at the end of the year)

WITHHOLDING TAX INFORMATION	TYPE OF RECIPIENT (PLEASE SELECT ONE/ SHOULD MATCH SECTION 3 OF STD 204)
☐ RENTS	☐ CORPORATION (REGULAR)----- (SELECT "ALL OTHERS" ON 204)
☐ ROYALTIES	☐ MEDICAL CORPORATION----- (SELECT "MEDICAL" ON 204)
☐ OTHER INCOME (PRIZED, AWARDS)	☐ LEGAL CORPORATION----- (SELECT "LEGAL" ON 204)
☐ FISHING BOAT PROCEEDS	☐ NON-PROFIT CORP.----- (SELECT "EXEMPT(N. PROF)" ON 204)
☐ MEDICAL AND HEALTHCARE PAYMENTS NONEMPLOYEE COMPENSATION	☐ LLC C-CORPORATION ----- (SELECT "ALL OTHERS" ON 204)
☐ SUBSTITUTE PAYMENTS (DIVIDENDS/INTEREST)	☐ LLC S-CORPORATION----- (SELECT "ALL OTHERS" ON 204)
☐ DIRECT SALES	☐ LLC PARTNERSHIP ----- (SELECT "PARTNERSHIP" ON 204)
☐ CROP INSURANCE PROCEEDS	☐ SINGLE MEMBER LLC ----- (SELECT "SOLE PROP, INDIV LLC" ON 204)
☐ EXCESS GOLDEN PARACHUTE PAYMENTS	☐ TAX EXEMPT ORG. ----- (OTHER THAN NON PROFIT CORP.)
☐ GROSS PROCEEDS PAID TO AN ATTORNEY	☐ INDIVIDUAL/ SOLE PROP-- (SELECT "SOLE PROP, INDIV LLC" ON 204)
☐ STATE TAX WITHHELD	☐ ESTATE----- (SELECT "ESTATE" ON 204)
	☐ QUALIFIED INTERMEDIARY
	☐ ARTIST OR ATHLETE
	☐ GOVERNMENT OR INT. ORGANIZATION
	☐ NOMINEE
	☐ FIDUCIARY
	☐ AUTHORIZES FOREIGN AGENT
	☐ TYPE OF RECIPIENT UNKNOWN
	☐ PRIVATE FOUNDATION

STOP! Only fill out this section if your company has sold their receivables to another company

FACTORING VENDOR (WHEN A VENDOR SELLS RECEIVABLES TO A THIRD PARTY) ATTACH COPY OF THE LETTER FROM VENDOR NOTIFYING CDCR OF THE ASSIGNMENT

COMPANY NAME	
DBA	
STREET(P.O. Box)	
CITY	
STATE	ZIP