



## 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)

<input type="checkbox"/> SMALL BUSINESS (SB) (Certified by DGS)	CERTIFICATION #	EXPIRATION DATE
<input type="checkbox"/> MICRO BUSINESS (MB) (Certified by DGS)	CERTIFICATION #	EXPIRATION DATE
<input type="checkbox"/> DVBE BUSINESS	CERTIFICATION #	EXPIRATION DATE
<input type="checkbox"/> MEDICAL BUSINESS		
<input type="checkbox"/> GENERAL BUSINESS		

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

WITHHOLDING TAX INFORMATION	TYPE OF RECIPIENT
<input type="checkbox"/> RENTS	<input type="checkbox"/> CORPORATION
<input type="checkbox"/> ROYALTIES	<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> OTHER INCOME (PRIZED, AWARDS)	<input type="checkbox"/> FIDUCIARY
<input type="checkbox"/> FISHING BOAT PROCEEDS	<input type="checkbox"/> NOMINEE
<input type="checkbox"/> MEDICAL AND HEALTHCARE PAYMENTS	<input type="checkbox"/> GOVERNMENT OR INT. ORGANIZATION
<input type="checkbox"/> NONEMPLOYEE COMPENSATION	<input type="checkbox"/> TAX EXEMPT ORGANIZATION
<input type="checkbox"/> SUBSTITUTE PAYMENTS (DIVIDENDS/INTEREST)	<input type="checkbox"/> PRIVATE FOUNDATION
<input type="checkbox"/> DIRECT SALES	<input type="checkbox"/> ARTIST OR ATHLETE
<input type="checkbox"/> CROP INSURANCE PROCEEDS	<input type="checkbox"/> ESTATE
<input type="checkbox"/> EXCESS GOLDEN PARACHUTE PAYMENTS	<input type="checkbox"/> US BRANCH TREATED AS US
<input type="checkbox"/> GROSS PROCEEDS PAID TO AN ATTORNEY	<input type="checkbox"/> QUALIFIED INTERMEDIARY
<input type="checkbox"/> STATE TAX WITHHELD	<input type="checkbox"/> PRIVATE ARR INTER WRP GEN
	<input type="checkbox"/> PRIVATE ARR INTER WRP EXEM
	<input type="checkbox"/> QUALIFIED INTER EIRP GEN
	<input type="checkbox"/> QUALIFIED INTER EIRP EXEM
	<input type="checkbox"/> AUTHORIZES FOREIGN AGENT
	<input type="checkbox"/> OTHER
	<input type="checkbox"/> TYPE OF RECIPIENT UNKNOWN
	<input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR

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
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