

Vendor Data Record

(Required in lieu of IRS W-9.)

Vendor #

<p>Please Return to:</p>	<p>Pomona College – Accounting 150 East Eighth Street Claremont, CA 91711-3910 (909) 607-3409 Fax: (909) 621-8464</p>	<p>PURPOSE: Information contained in this form will be used to prepare Information Returns (Form 1099) and withholdings from payments to nonresident vendors. Prompt return of this fully-completed form will prevent payment delays.</p>
	<p>_____ BUSINESS NAME _____ PHONE NUMBER _____</p> <p>_____ INDIVIDUAL/SOLE PROPRIETOR/DISREGARDED ENTITY – ENTER FULL NAME HERE (Last, First, M.I)</p> <p>_____ MAILING ADDRESS (Number and Street or P.O. Box#) Home address is required for individuals.</p> <p>_____ (City, State and Zip Code)</p>	
<p>ENTITY TYPE</p>	<p>_____ MEDICAL CORPORATION (including dentist (podiatry, psychotherapy, optometry, etc.) _____ ESTATE OR TRUST</p> <p>_____ EXEMPT CORPORATION (Nonprofit) _____ PARTNERSHIP, LLC'S (If LLC is disregarded for tax purposes must provide Social Security #)</p> <p>_____ ALL OTHER CORPORATIONS _____ INDIVIDUAL/SOLE PROPRIETOR (Must provide Social Security #)</p>	
	<p>SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL / SOLE PROPRIETOR/DISREGARDED ENTITY Payments will not be processed without an accompanying taxpayer ID number.</p> <p>FEDERAL EMPLOYERS IDENTIFICATION (FEIN) _____ SOCIAL SECURITY NUMBER / ITIN _____</p> <p>_____ IF A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN. _____ IF INDIVIDUAL/SOLE PROPRIETOR/DISREGARDED ENTITY, ENTER SSN. ITIN / SSN IF RESIDENT OF FOREIGN COUNTRY.</p>	
<p>RESIDENCY DECLARATION For Tax Purpose</p> <p>All Payments Made By the College Are Subject To Federal and California State Tax Laws</p>	<p>Check All Boxes That Apply Federal Income Tax Withholding Status (Applies to individuals only):</p> <p>_____ I am a US Citizen. _____ I am a Permanent Resident Alien and I have a Green Card.</p> <p>_____ I am not a U.S. Citizen and I do not have a Permanent Resident Green Card; Visa Type _____</p> <p>Note: All Foreign Citizens/Entities <u>must</u> complete a tax analysis before payments can be made.</p> <p>_____ Tax exempt by Tax Treaty. Country of residency: _____</p> <hr/> <p>California State Tax Withholding Status (Applies to All Vendors)</p> <p>_____ <u>California Resident.</u> Qualified to do business in CA or have a permanent place of business in CA.</p> <p>_____ <u>California Nonresident.</u> Payments to CA nonresidents may be subject to state taxes.</p> <p>_____ A Waiver from CA state tax withholding is attached (From the California Franchise Tax Board).</p> <p>_____ Percent of services related to this payment performed OUTSIDE of the state of California.</p>	
<p>CERTIFYING SIGNATURE</p>	<p>I hereby certify under penalty of perjury under the laws of the State of California that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.</p> <p>_____ SIGNATURE _____ DATE _____ TELEPHONE NUMBER _____</p>	
	<p>Madeline Gosiaco Asian American Studies Dept. POMONA COLLEGE CONTACT / DEPARTMENT</p> <p>909-607-9508 TELEPHONE NUMBER</p>	