

SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION

VENDOR INFORMATION FORM

(This form is required in order to do business with SDSURF and is used in lieu of IRS Form W-9)

To protect your information, please mail or fax this completed form to:

SDSU Research Foundation
Accounts Payable Department
5250 Campanile Drive
San Diego, CA 92182-1941
Fax: (619) 594-3177 Phone: (619) 594-6891

General Business Information (Form instructions see pages 3 & 4)		
Name of Business, Organization, or Name of Person (if payment is to an individual):		
Trade Name (DBA):		
Mailing Address (if remit and physical addresses are different, please provide on a separate sheet):		
City:	State:	Zip:
Telephone No.:	Fax No.:	Toll Free No.:
Business License No./State:		What are your standard payment terms (e.g. net 30)?
E-mail Address:		Web Address:
Do you accept credit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Sole Proprietor, Name of Owner:
Vendor Type/Residency Status	Vendor Activity	
<input type="checkbox"/> CORPORATION (Enter Federal Employer Identification Number) <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) (Enter Federal Employer Identification Number) <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident (see instructions) <input type="checkbox"/> PARTNERSHIP (Enter Federal Employer Identification Number) <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident (see instructions) <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR (Enter Social Security Account Number, Not FEIN) <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident (see instructions) <input type="checkbox"/> SDSU/SDSURF (Faculty/Staff/Student/Alumni - Enter Red ID) <input type="checkbox"/> ESTATE OR TRUST (Enter Federal Employer Identification Number) <input type="checkbox"/> Resident (Estate) - Decedent was a CA resident at time of death <input type="checkbox"/> Resident (Trust) - At least one trustee is a CA resident <input type="checkbox"/> Non Resident (see instructions)	<input type="checkbox"/> MEDICAL SERVICES (including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.) <input type="checkbox"/> ATTORNEY FEES <input type="checkbox"/> SERVICES (non-medical) <input type="checkbox"/> EQUIPMENT/SUPPLIES <input type="checkbox"/> RENT <input type="checkbox"/> NON-EMPLOYEE COMPENSATION (including services, maintenance, construction, etc.) <input type="checkbox"/> INTEREST (exempt from withholding) <input type="checkbox"/> ROYALTIES <input type="checkbox"/> PRIZES AND AWARDS <input type="checkbox"/> LEGAL SETTLEMENT <input type="checkbox"/> OTHER (specify) _____	

Conflict of Interest

Does any individual employed by San Diego State University (SDSU) or San Diego State University Research Foundation (SDSURF) have a significant interest** in your business? Yes No

**This includes any situation where an SDSU or SDSURF employee and/or his or her spouse or child has a connection to the above referenced vendor; however, student relationships are not considered. A conflict of interest is one that a reasonable person would think may appear to compromise the open, competitive process.

If conflict of interest has been indicated, please complete the following section:

Employee's Name:	Telephone Number:
Employee's relationship or position within company:	

Business Classification - Refer to Business Classification Table for definitions (on page 4). Check all that apply.

- Large Business (LG)
- Small Business (SM)
- Small Disadvantaged Owned Business (SD) (*)
- Small Woman Owned Business (SW) (*)
- Small Veteran Owned Business (SV) (*)
- Small Service Disabled Veteran Owned Business (S2) (*)
- Historically Black College/University (HB) (*)
- Minority Institutions (MI)
- HUBZone Underutilized Business (HZ)
- Foreign Owned Business (FS)
- Other: _____

Note: (*) Include copy of certification(s).

Debarment, Suspension, and Other Responsibility Matters

- A. The vendor certifies that it and its principals:
1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
 2. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of paying person(s) for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress; and
 4. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

Where the vendor is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this information form.

Substitute IRS Form W-9 Certification:

Under penalties of perjury, I hereby certify that the taxpayer identification number shown on this form is correct, and that I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding as a result of a failure to report all interest or dividends, and I am a U.S. person (including a U.S. resident alien). Note: The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGN HERE	Signature of U.S. Person: _____	Date: _____
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INSTRUCTIONS FOR VENDOR INFORMATION FORM

PURPOSE OF FORM

Section 6109 of the Internal Revenue Service (IRS) code requires you to provide your correct taxpayer identification number (TIN) to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you. San Diego State University Research Foundation requests that the Vendor Information Form be used in lieu of IRS form W-9.

DETERMINE U.S. VS FOREIGN STATUS

U.S Person - Use this form only if you are a U.S. person (including a resident alien) to provide your correct TIN to the requestor, and when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Nonresident Alien - Do not use this form. Instead, use IRS form W-8, Certification of Foreign Status of Beneficial owner for U.S. Tax Withholding. See IRS Publication 515, "Withholding of Tax on Nonresident Aliens and Foreign Entities" for more information.

DETERMINE STATE OF CALIFORNIA RESIDENCY STATUS - 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 taxpayer identification number.

A **corporation** will be considered a "resident" if it has a permanent place of business in California. The corporation 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 **individuals/sole proprietors**, the term "resident" includes every individual who is in California for other than a 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 that 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 at least one trustee is a California resident.

More information on residency status may 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..... 1-800-854-6500
 - For hearing impaired with TDD, call.....1-800-822-6568
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ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident vendors, including corporations, individuals, partnerships, estates and trusts, 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 will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the vendor are \$1,500 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 withholding 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 the Franchise Tax Board has authorized a waiver or reduced rate of withholding, attach a copy to this form.

BUSINESS CLASSIFICATION TABLE

Business Classification	Classification Description
Large Business	A large business is a domestic business that does not meet the small business size standard as per the Small Business Administration (SBA) definition. The threshold for number of employees and revenue varies depending on the product and/or service. Refer to www.sba.gov/size in order to determine status.
Small Business	A small business concern is “one that is independently owned and operated and is not dominant in its field of operation”. The Small Business Administration (SBA) has established a table of size standards matched to the North American Industrial Classification (NAICS) codes and standards. Refer to www.sba.gov/size in order to determine status. Businesses meeting the NAICS criteria may self-certify.
Small Disadvantaged Owned Business	A small disadvantaged owned business must be owned by at least one or more disadvantaged individual(s), or in the case of a publicly owned business, at least 51% of the stock must be owned by one or more disadvantaged individual(s), and whose management and daily operations are controlled by one or more disadvantaged individual(s). Businesses meeting these criteria must be certified by a federal, state, or local government agency as having met the standards consistent with 13 CFR Part 124, Subpart B.
Small Woman Owned Business	A small woman owned business must be owned by one or more women, or in the case of a publicly owned business, at least 51% of the stock must be owned by one or more women, and whose management and daily operations are controlled by one or more women. Businesses meeting these criteria must be certified by a federal, state, or local government agency as having met the standards criteria.
Small Veteran Owned Business	A small veteran owned business must be owned by one or more veterans, or in the case of a publicly owned business, at least 51% of the stock must be owned by one or more veterans, and whose management and daily operations are controlled by one or more veterans. Businesses meeting these criteria must be certified by the Veterans Administration.
Small Service Disabled Veteran Owned Business	A small service disabled veteran owned business must be owned by one or more service disabled veteran(s), or in the case of a publicly owned business, at least 51% of the stock must be owned by one or more service disabled veteran(s), and whose management and daily operations are controlled by one or more service disabled veteran(s). Businesses meeting these criteria must be certified by the Veterans Administration.
Historically Black College/University	A historically black college/university is an institution of higher education that meets the requirements of 34 CFR 608.2. Refer to U.S. Dept of Education web site www.ed.gov/about/inits/list/whhbcu/edlite-list.html for a complete listing.
Minority Institution	A minority institution is an institution of higher education that meets the requirements of the Higher Education Act of 1965, 20 U.S.C. 1135d-5(3), Section 1046(3). Refer to U.S. Dept. of Education web site www.ed.gov/about/offices/list/ocr/edlite-minorityinst-list-tab.html for a complete listing.
HUBZone	A HUBZone business is located in an underutilized business zone. The Small Business Administration (SBA) determines HUB Zones. Refer to SBA web site http://map.sba.gov/hubzone/init.asp to validate zones by entering a zip code.
Foreign Business	A foreign business is organized and exists under the laws of another country other than the U.S. The U.S. includes the 50 states, District of Columbia, Puerto Rico, Northern Mariana Islands, U.S. territories, and any other locations subject to U.S. jurisdiction.

PRIVACY ACT NOTICE

The IRS uses the taxpayer identification numbers provided on this form 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. The information may also be disclosed to other countries under a tax treaty, or to federal and state agencies to enforce federal non-tax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% 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.

ACCOUNTS PAYABLE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I (we) hereby authorize SDSU Research Foundation to initiate credit entries (direct deposit) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking or Savings account indicated below and the depository institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Name & Vendor Information

Individual Name or Company Name:		SDSU Red ID or Federal ID (if applicable):
Street Address:		
City:	State:	Zip Code:
Telephone:	Fax Number:	
E-Mail Address (notice of direct deposit will be sent here):		
Company Contact Name (if applicable):		

This authority is to remain in full force and effect until the Research Foundation has received written notification from me/us of its termination in such time and in such manner as to afford the research foundation and Depository a reasonable opportunity to act on it.

Banking Information

Bank Name:	Branch Phone Number:
Routing Transit/ABA number:	
Account number:	
<input type="checkbox"/> Checking OR <input type="checkbox"/> Savings	

(A sample check is on the following page to assist you in locating your bank routing/transit number and your account number.)

REQUIRED: A voided check or other supporting bank document with both the routing number AND account number included, MUST be attached to this form.

Signature: _____ Date: _____

Protecting your information is important to SDSU Research Foundation.

This form can be faxed to this secure fax number (619) 594-3177 or mailed to the following address:
 San Diego State University Research Foundation
 Attn: Accounts Payable - 4th Floor
 5250 Campanile Drive
 San Diego, CA 92182-1941
 Phone: (619) 594-6891
 Note: please do not scan your personal information

N. E. Student 2228
 2300 Mariner Square Drive
 San Francisco, CA 95102 Date _____

Pay To
 The Order Of _____ \$

_____ Dollars

⑆ 23456780⑆ 23456789⑆ 23445⑆ 2228

⑆ 23456780⑆ 23456789⑆ 23445⑆ 2228

Routing/Transit Number Account Number Check Number