

### Preliminary Information

UCSC Department Name *(if applicable)*

Check if California resident

UCSC Department Contact *(i.e. relevant person within Dept)*

Will this 204 be accompanied by a request for payment?

Yes No

### Section 1: Personal / Business Information

Check if this is an update to existing payee information on file

Last Name

First Name

Middle Name

DBA *(if applicable)*

Permanent Remittance Address *(Required)*

City

State

ZIP code

Email

*(Optional)* UCSC Campus Mail Stop (complete ONLY after providing Permanent Address)

Phone #

### Section 2: Payee's Entity Type (Person or Company) **Check One Box Only**

UCSC Employee

Employee or Student *(other UC Campus)*

Sole Proprietor

UCSC Student

Other Person *(non UC Affiliation)*

### Section 3: Activity and Payment Terms

Reimbursement

Non-Employee Compensation

Prizes / Awards

Travel

Other *(Specify)*

### Section 4: Payee's Taxpayer I.D. Number (FEIN or SSN) **Required to process payment**

Social Security number for Individual/Sole Proprietor (FEIN if tax reporting using DBA)

### Section 5: Payee's Citizenship and Residency

Are you a United States citizen?

Yes

No

Are you a Foreign Permanent Resident?

Yes

No

*If yes, attach a copy of your Resident Alien (green) card*

Foreign Visitors: [https://financial.ucsc.edu/Pages/Payments\\_ForeignNationals.aspx#requiresEad](https://financial.ucsc.edu/Pages/Payments_ForeignNationals.aspx#requiresEad)

### Section 6: Tax Withholding Information - Fill this section out only if you do not live in California

Yes

No

Are you a resident of California for tax purposes?

*If yes, and you have a Waiver of California State Withholding from the Franchise Tax Board, please attach it to this form.*

Yes

No

Are services performed in California? If yes, what % of the services are performed in California?

### Section 7: Certification and Required Signatures: **Print and Sign** - Electronic signatures not accepted

I hereby certify under penalty of perjury that the information provided is true and correct. Promptly inform the University of residency status changes.

Payee Signature

Print Name

Date

Employees and Students: Use campus mail: Dept. FAR.

Offsite vendors: Mail original to: UCSC, 1156 High St. Accounting Office, Santa Cruz, CA 95064.

This form authorizes the University of California, Santa Cruz, to make payments to a business or individual electronically. All payments will be paid into the account designated by the voided check attached to this form. Notification of payments will be sent by email, with the payment settling into your bank account within two business days. It is the responsibility of the business or individual to notify UCSC of any changes pertinent to electronic payments, such as changes in banking information or email address.

### Section 1: General Information (Complete all fields)

Is this a change to existing bank account information?      Yes      No

If yes, a phone call will be initiated to validate the new banking data.

Last Name                      First Name                      Middle Name

Phone #

Mailing address

Address line 2

Email

Bank/Depository Name

Organization Name  
*(If applicable)*

### Section 2: Account Information

Select account type	Checking	<b>Required:</b> Attach a voided check <b>or</b> bank statement with full name, account numbers, and bank logo.
	Savings	<b>Required:</b> Attach a bank statement with full name, account numbers, and bank logo.

### Section 3: Funds Transfer

To comply with the requirements of the U.S. Department of Treasury, Office of Foreign Assets Control (OFAC), UCSC is obligated to ask the question shown below regarding the transferring of funds. If your answer is "Yes", UCSC will issue a paper check in lieu of processing a direct deposit.

Are funds being transferred to the designated direct deposit account  
and then transferred to a bank in a foreign country?

Yes                      No

### Section 4: Authorization

Authorized Signature                      Print Name

Title                      Date

### Section 5: Submit Information

**Note: Attach a voided check / Bank Statement including full name, account numbers and bank logo.  
Request can NOT be processed unless account information is provided.**

Mail to:      University of California Santa Cruz - Accounting Office  
                 1156 High Street, Santa Cruz, CA 95064

or

FAX to:      (831) 459-5037  
                 **fax voided check / savings account information with form**

## Are you a Resident or Non-Resident?

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the State of California must indicate their residency status along with their payee's 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 employee.

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 a trust is considered a California trust if at least one trustee is a California resident.

More information on residency status can 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: 1-916-854-6500  
For hearing impaired with TDD, call: 1-800-822-6268

## Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109. The TIN for individual and sole proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31% withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in Section 1.

## Electronic Funds Transfer Authorization

The University of California, Santa Cruz campus, requests your participation in a program to process your vendor payments by transferring funds electronically through the bank industry's ACH system. All remittance information for these payments will be emailed to you, and will not be sent through the US mail service. To authorize transfer of electronic funds, please complete the Vendor Electronic Funds Authorization form located on page 2 of this document.

## Are you subject to tax withholding?

Payments made to nonresident payees, including corporations, individuals partnerships, estates and trusts, are subject to withholding. Nonresident payees 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 payee are \$1,500 or less for the calendar year.

A non resident payee 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 payee has a history of filing California returns and making timely estimated payments. If the payee 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 a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy of the Waiver of State Withholding to this form.**