

# Vendor Data Record

(Required in lieu of IRS W-9.)

Vendor # \_\_\_\_\_

**Please  
Return to:**

Pomona College – Accounting  
550 N. College Ave. Rm. 143  
Claremont, CA 91711  
(909) 607-3409 Fax: (909) 621-8464

**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.

\_\_\_\_\_  
**BUSINESS NAME**

\_\_\_\_\_  
**PHONE NUMBER**

\_\_\_\_\_  
**INDIVIDUAL/SOLE PROPRIETOR – ENTER FULL NAME HERE** (Last, First, M.I.)

\_\_\_\_\_  
**MAILING ADDRESS** (Number and Street or P.O. Box#) **Home address is required for individuals.**

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
**MEDICAL CORPORATION** (including dentistry, podiatry, psychotherapy, optometry, etc.)

\_\_\_\_\_  
**ESTATE OR TRUST**

\_\_\_\_\_  
**EXEMPT CORPORATION** (Nonprofit)

\_\_\_\_\_  
**PARTNERSHIP, LLC'S**

\_\_\_\_\_  
**ALL OTHER CORPORATIONS**

\_\_\_\_\_  
**INDIVIDUAL/SOLE PROPRIETOR**  
(Must provide Social Security #)

**ENTITY  
TYPE**

**SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL / SOLE PROPRIETOR** Payments will not be processed without an accompanying taxpayer ID number.

\_\_\_\_\_  
**FEDERAL EMPLOYERS IDENTIFICATION (FEIN)**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER / ITIN**

\_\_\_\_\_  
**IF A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN.**

\_\_\_\_\_  
**IF INDIVIDUAL OR SOLE PROPRIETOR ENTER SSN.**

\_\_\_\_\_  
**ITIN / SSN IF RESIDENT OF FOREIGN COUNTRY.**

**RESIDENCY  
DECLARATION  
For Tax  
Purpose**

All Payments Made  
By the College  
Are Subject To  
Federal and  
California State  
Tax Laws

Check All Boxes That Apply

**Federal Income Tax Withholding Status** (Applies to individuals only):

\_\_\_\_\_  
I am a US Citizen.

\_\_\_\_\_  
I am a Permanent Resident Alien and I have a Green Card.

\_\_\_\_\_  
I am not a U.S. Citizen and I do not have a Permanent Resident Green Card; Visa Type \_\_\_\_\_  
**Note:** All Foreign Citizens/Entities must complete a tax analysis before payments can be made.

\_\_\_\_\_  
Tax exempt by Tax Treaty. Country of residency: \_\_\_\_\_

**California State Tax Withholding Status** (Applies to All Vendors)

\_\_\_\_\_  
**California Resident.** Qualified to do business in CA or have a permanent place of business in CA.

\_\_\_\_\_  
**California Nonresident.** Payments to CA nonresidents may be subject to state taxes.

\_\_\_\_\_  
A Waiver from CA state tax withholding is attached (From the California Franchise Tax Board).

\_\_\_\_\_  
Percent of services related to this payment performed OUTSIDE of the state of California.

**CERTIFYING  
SIGNATURE**

**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.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE'S NAME (PRINT)

\_\_\_\_\_  
TITLE