

# COUNTY OF MONTEREY - VENDOR DATA RECORD (Rev. 6-9-2017)

Required when doing business with the County of Monterey - No IRS W-9 form needed (Foreign vendors should submit IRS W-8)

<b>1</b>	<b>RETURN TO:</b> COUNTY OF MONTEREY Contracts/Purchasing 1488 Schilling Place Salinas, CA 93901 Email: <a href="mailto:mcvss@co.monterey.ca.us">mcvss@co.monterey.ca.us</a> Phone: (831) 755-4990 Fax: (831) 755-4969	<b>PURPOSE:</b> Information contained in this form will be used by the County of Monterey to prepare information returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments.  <b>See Privacy Statement and California Non-Resident Withholding Information on next page.</b>																			
<b>2</b>	VENDOR LEGAL NAME (As shown on income tax return)		ORDERING (MAILING) ADDRESS																		
	ALIAS / DBA (If different than above)		ORDERING (MAILING) CITY, ST, ZIP																		
	Make Payment To: <input type="checkbox"/> Legal Name <input type="checkbox"/> Alias / DBA <input type="checkbox"/> Both		PAYMENT ADDRESS (If different than above)																		
	PRIMARY CONTACT NAME		PAYMENT CITY, STATE, ZIP																		
	PRIMARY CONTACT PHONE	PRIMARY CONTACT FAX	<b>EMERGENCY SERVICES OPTION</b> <input type="checkbox"/> By checking this box, you are granting Monterey County officials permission to contact you for emergency supplies or services.																		
	PRIMARY CONTACT EMAIL		EMERGENCY (After hours) CONTACT NAME      PHONE NUMBER																		
<b>For Tax ID entry instructions, please see next page.</b> <b>NOTE:</b> Payment will not be processed without an accompanying taxpayer I.D. number.																					
<b>3</b>	<b>FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
	<input type="checkbox"/> C CORPORATION <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> S CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC) <input type="checkbox"/> PARTNERSHIP                      (Check one below) <input type="checkbox"/> EXEMPT PAYEE (e.g., government, non-profit) <input type="checkbox"/> C Corporation <input type="checkbox"/> OTHER: <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership																				
<b>SOCIAL SECURITY NUMBER (SSN):</b> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																					
<input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR																					
<b>4</b>	<b>PLEASE CHECK ALL BOXES THAT ARE APPLICABLE TO THE CATEGORY OF PAYMENT:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> SUPPLIES / EQUIPMENT      <input type="checkbox"/> ATTORNEY SERVICES      <input type="checkbox"/> INTEREST  <input type="checkbox"/> SERVICES (MEDICAL)      <input type="checkbox"/> LEGAL SETTLEMENT      <input type="checkbox"/> GRANTS  <input type="checkbox"/> SERVICES (NON-MEDICAL)      <input type="checkbox"/> RENT / LEASE      <input type="checkbox"/> OTHER:         </div> </div>																				
	Are you a former County of Monterey Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
	Are you a Certified Green Business? (Information regarding green certification on next page.) <input type="checkbox"/> Yes <input type="checkbox"/> No																				
<b>5</b>	<b>CALIFORNIA STATE WITHHOLDING STATUS (CA withholding information on next page.)</b> <input type="checkbox"/> California Resident <b>Attach Form 590</b>																				
	<input type="checkbox"/> California Non-Resident <b>(7% will be withheld from payment unless one of the below boxes is checked)</b> <input type="checkbox"/> California Franchise Tax Board Waiver of State Withholding <b>Attach Waiver</b> <input type="checkbox"/> Company is registered with the Secretary of State <b>OR</b> has a permanent place of business in the state of CA. <b>Attach Form 590</b> <input type="checkbox"/> All services for payments issues are performed OUTSIDE of California <b>Attach Form 587</b> <input type="checkbox"/> No services are being rendered, only goods are being provided for payment <b>Attach Form 587</b>																				
<b>6</b>	<b>I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the County of Monterey.</b>																				
	Authorized Representative's Name (Type or Print)		Title																		
	Signature	Date	Phone																		

**COUNTY OF MONTEREY – VENDOR DATA RECORD** (Rev 6-9-17)**Section 1****Requirement to Complete Vendor Data Record**

A completed Vendor Data Record (VDR) is required for payments to all vendors and will be kept on file at the County. Please return the fully completed VDR form and any other necessary documents for vendor setups/updates to the County of Monterey – Contracts/Purchasing at the address listed in this section. (For more information on Vendor Registration Process, visit <http://www.co.monterey.ca.us/admin/vendorinfo.htm> )

**Section 2**

Enter the payee's legal business name as shown on your income tax return. Individuals/Sole proprietorships must also include the owner's full name as shown on your income tax return.

The "Ordering" address should be the address at which the payee chooses to receive correspondence and orders. Do not enter payment address or lock box information here. The "Payment" address should be the address the payee chooses to receive payment. If there are multiple Payment addresses, please list them and send it together with the completed Vendor Data Record (VDR) form.

**Section 3**

Check **ONE** box that corresponds to the payee entity type. (For more information on account types and TIN info, visit [www.irs.gov](http://www.irs.gov) )

**What Name and Number to Give the Requester**

For this type of Account		Give name and SSN of:
1	Individual	The individual
2	Two or more individuals (joint account)	The actual owner of the account or if combined funds, the first individual on the account
3	Custodian account of a minor	The minor
4	a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee The actual owner
5	Sole proprietorship or disregarded entity owned by an individual	The owner
6	Grantor trust filing under Optional Form 1099 filing Method	The grantor
For this type of Account		Give name and EIN of:
7	Disregarded entity not owned by an individual	The owner
8	A valid trust, estate, or pension trust	Legal entity
9	Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10	Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11	Partnership or multi-member LLC	The partnership
12	A broker or registered nominee	The broker or nominee
13	Account with the Dept of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14	Grantor trust filing under the Form 1041 filing Method or the Optional Form 1099 filing Method 2	The trust

**Section 4**

Check **ALL** boxes that are applicable to the category of payment.

Indicate if you are a former employee of the County of Monterey.

Green Business Certification within the Tri-County area (Monterey, Santa Cruz and San Benito Counties) is administered through the Monterey Bay Area Green Business Program ([www.montereybaygreenbusiness.org](http://www.montereybaygreenbusiness.org)). Vendors from outside the Tri-County area are encouraged to seek similar certification from a local authority within their jurisdiction, and if a similar green business type of certification has been issued, vendors should check the "Yes" box. Green Business Certification may be used as one of the selection factors when awarding contracts from solicitations issued by the County of Monterey, therefore vendors should inform the County of this certification.

**Section 5****ARE YOU A CALIFORNIA RESIDENT OR NONRESIDENT?**

A **corporation** will be defined as a CA Resident if it has a permanent place of business in California or is qualified through the Secretary of State to conduct business in California.

A **partnership** is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at the time of death. A trust is considered a resident if at least one trustee is a California resident.

For **individuals and 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 which 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 non resident.

Payments to all non-resident vendors may be 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.

**Due to resource limitations, the County of Monterey will withhold 7% of their total payments even when the following conditions apply:**

- 1) The total payments to the vendor are \$1,500 or less for the calendar year; and**
- 2) The vendor is providing a combination of goods and services; and**
- 3) The vendor is performing services for the County of Monterey both inside and outside of California.**

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form and submit to the County of Monterey.

For information on Nonresident withholding, contact the Franchise Tax Board at the numbers listed below:

Withholding Services and Compliance Section: 1-888-792-4900 or Outside the United States: 1-916-845-4900

For hearing impaired with TDD, call: 1-800-822-6268 or E-mail Address: [wscs.gen@ftb.ca.gov](mailto:wscs.gen@ftb.ca.gov) or visit FTB's Website: [www.ftb.ca.gov](http://www.ftb.ca.gov)

**Section 6**

Provide the name, title, signature and telephone number of the beneficial owner of the payment requested or authorized agent of beneficial owner.  
Provide the date the form was completed.

**Privacy Statement**

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state or local governmental agency, which requests an individual to disclose their 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 County of Monterey requires that all parties entering into business transactions that may lead to payment(s) from the County must provide their Taxpayer Identification Number (TIN) as required by Revenue and Taxation Code Section 18646, to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by Internal Revenue Code Section 6109(a).

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties 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 County of Monterey, Contracts/Purchasing at the address listed in Section 1 of this form.