

Example 2: STD 204 of a Corporation – All Others

STATE OF CALIFORNIA – DEPARTMENT OF FINANCE	
Print Form Reset Form	
PAYEE DATA RECORD (Required when receiving payment from the State of California in lieu of IRS W-9 or W-7) STD 204 (Rev. 03/2021)	
Section 1 – Payee Information	
NAME (This is required. Do not leave this line blank. Must match the payee's federal tax return) EXAMPLE COMPANY INC	
BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME (If different from above)	
MAILING ADDRESS (number, street, apt. or suite no.) (See instructions on Page 2) PO BOX 123	
CITY, STATE, ZIP CODE SACRAMENTO CA 95811	E-MAIL ADDRESS JEXAMPLE@EXAMPLEMAIL.COM
Section 2 – Entity Type	
Check one (1) box only that matches the entity type of the Payee listed in Section 1 above. (See instructions on page 2)	
<input type="checkbox"/> SOLE PROPRIETOR / INDIVIDUAL <input type="checkbox"/> SINGLE MEMBER LLC Disregarded Entity owned by an individual <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST	<input type="checkbox"/> CORPORATION (see instructions on page 2) <input type="checkbox"/> MEDICAL (e.g., dentistry, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (e.g., nonprofit) <input checked="" type="checkbox"/> ALL OTHERS
Section 3 – Tax Identification Number	
Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must match the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. Note: Payment will not be processed without a TIN.	
<ul style="list-style-type: none"> For Individuals, enter SSN. If you are a Resident Alien, and you do not have and are not eligible to get an SSN, enter your ITIN. Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN. For Sole Proprietor or Single Member LLC (disregarded entity), in which the sole member is an individual, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN). For Single Member LLC (disregarded entity), in which the sole member is a business entity, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN. For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN. 	Social Security Number (SSN) or Individual Tax Identification Number (ITIN) _____ - ____ - _____ OR Federal Employer Identification Number (FEIN) 1 2 . 3 4 5 6 7 8 9
Section 4 – Payee Residency Status (See instructions)	
<input checked="" type="checkbox"/> CALIFORNIA RESIDENT – Qualified to do business in California or maintains a permanent place of business in California.	
<input type="checkbox"/> CALIFORNIA NONRESIDENT – Payments to nonresidents for services may be subject to state income tax withholding.	
<input type="checkbox"/> No services performed in California	
<input type="checkbox"/> Copy of Franchise Tax Board waiver of state withholding is attached.	
Section 5 – Certification	
<i>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 state agency below.</i>	
NAME OF AUTHORIZED PAYEE REPRESENTATIVE JOHN M EXAMPLE	TITLE CEO
E-MAIL ADDRESS JEXAMPLE@EXAMPLEMAIL.COM	
SIGNATURE JOHN M EXAMPLE	DATE 4/08/2021
TELEPHONE (include area code) 916-123-4567	