

Example: STD 204 for Grantor Trust (Living Trust while grantor is alive)

STATE OF CALIFORNIA - DEPARTMENT OF FINANCE													
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)													
JOHN GRANTOR													
BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME (If different from above)													
GRANTOR FAMILY TRUST													
MAILING ADDRESS (number, street, apt. or suite no.) (See instructions on Page 2)													
PO BOX 123													
CITY, STATE, ZIP CODE	E-MAIL ADDRESS												
YOUR TOWN, CA 98765	JGRANTOR@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 checked="" type="checkbox"/> SOLE PROPRIETOR / INDIVIDUAL	CORPORATION (see instructions on page 2)												
<input type="checkbox"/> SINGLE MEMBER LLC Disregarded Entity owned by an individual	<input type="checkbox"/> MEDICAL (e.g., dentistry, chiropractic, etc.)												
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LEGAL (e.g., attorney services)												
<input type="checkbox"/> ESTATE OR TRUST	<input type="checkbox"/> EXEMPT (e.g., nonprofit)												
	<input 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.		Social Security Number (SSN) or Individual Tax Identification Number (ITIN)											
<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. 		<table border="1"> <tr> <td>9</td><td>8</td><td>7</td><td>-</td><td>6</td><td>5</td><td>-</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> </table>	9	8	7	-	6	5	-	4	3	2	1
9	8	7	-	6	5	-	4	3	2	1			
		OR											
		Federal Employer Identification Number (FEIN)											

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	TITLE	E-MAIL ADDRESS											
JOHN GRANTOR	TRUST GRANTOR	JGRANTOR@EXAMPLEMAIL.COM											
SIGNATURE	DATE	TELEPHONE (include area code)											
JOHN GRANTOR	4/7/2021	123-456-7890											