

## Example: STD 204 for Partnership

| STATE OF CALIFORNIA – DEPARTMENT OF FINANCE   |   |  |
|---|---|--|
| <input type="button" value="Print Form"/> <input type="button" value="Reset Form"/>   |   |  |
| <b>PAYEE DATA RECORD</b><br>(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)<br>STD 204 (Rev. 03/2021)  |   |  |
| <b>Section 1 – Payee Information</b>  |   |  |
| <b>NAME</b> (This is required. Do not leave this line blank. Must match the payee's federal tax return)<br>EXAMPLE AUTO REPAIR LP   |   |  |
| <b>BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME</b> (if different from above)  |   |  |
| <b>MAILING ADDRESS</b> (number, street, apt. or suite no.) (See instructions on Page 2)<br>PO BOX 123   |   |  |
| <b>CITY, STATE, ZIP CODE</b><br>SACRAMENTO CA 95811   |   | <b>E-MAIL ADDRESS</b><br>JEXAMPLE@EXAMPLEMAIL.COM  |
| <b>Section 2 – Entity Type</b>  |   |  |
| 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<br><input type="checkbox"/> SINGLE MEMBER LLC (Disregarded Entity owned by an individual)   | <input type="checkbox"/> CORPORATION (see instructions on page 2)<br><input type="checkbox"/> MEDICAL (e.g., dentistry, chiropractic, etc.)<br><input type="checkbox"/> LEGAL (e.g., attorney services)<br><input type="checkbox"/> EXEMPT (e.g., nonprofit)<br><input type="checkbox"/> ALL OTHERS |  |
| <input checked="" type="checkbox"/> PARTNERSHIP<br><input type="checkbox"/> ESTATE OR TRUST   |   |  |
| <b>Section 3 – Tax Identification Number</b>  |   |  |
| 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"> <li>For Individuals, enter SSN.</li> <li>If you are a Resident Alien, and you do not have and are not eligible to get an SSN, enter your ITIN.</li> <li>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.</li> <li>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).</li> <li>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.</li> <li>For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.</li> </ul> |   | <b>Social Security Number (SSN) or Individual Tax Identification Number (ITIN)</b><br>_____ - _____ - _____<br>OR<br><b>Federal Employer Identification Number (FEIN)</b><br>1 2 . 3 4 5 6 7 8 9 |
| <b>Section 4 – Payee Residency Status (See instructions)</b>  |   |  |
| <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<br><input type="checkbox"/> Copy of Franchise Tax Board waiver of state withholding is attached.   |   |  |
| <b>Section 5 – Certification</b>  |   |  |
| <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>  |   |  |
| <b>NAME OF AUTHORIZED PAYEE REPRESENTATIVE</b><br>JOHN M EXAMPLE  | <b>TITLE</b><br>PRESIDENT/ CO OWNER   | <b>E-MAIL ADDRESS</b><br>JEXAMPLE@EXAMPLEMAIL.COM  |
| <b>SIGNATURE</b><br>JOHN M EXAMPLE<br><small>Digitally signed by JOHN M EXAMPLE<br/>Date: 2021.04.07 11:29:47 -0700</small>   | <b>DATE</b><br>4/7/2021   | <b>TELEPHONE (include area code)</b><br>916-123-4567   |