

Example 2: STD 204 for Single Member LLC using SSN of Single Member

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)					
JOHN M EXAMPLE					
BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME (If different from above)					
EXAMPLE AUTO REPAIR LLC					
MAILING ADDRESS (number, street, apt. or suite no.) (See instructions on Page 2)					
PO BOX 123					
CITY, STATE, ZIP CODE				E-MAIL ADDRESS	
SACRAMENTO CA 95811				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			CORPORATION (see instructions on page 2)		
<input checked="" 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.					
<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's 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)		
			1 2 3 4 5 6 7 8 9		
			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 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.					
NAME OF AUTHORIZED PAYEE REPRESENTATIVE		TITLE		E-MAIL ADDRESS	
JOHN M EXAMPLE		OWNER/ MEMBER		JEXAMPLE@EXAMPLEMAIL.COM	
SIGNATURE		DATE		TELEPHONE (include area code)	
JOHN M EXAMPLE		4/08/2021		916-123-4567	