

Example: STD 204 for a SOLE PROPRIETORSHIP using a FEIN (Do not enter SSN#)

STATE OF CALIFORNIA – DEPARTMENT OF FINANCE		<input type="button" value="Print Form"/> <input type="button" value="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		
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 checked="" 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 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) (Do not enter SSN#) _____ 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 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 JOHN EXAMPLE	TITLE OWNER	E-MAIL ADDRESS JEXAMPLE@EXAMPLEMAIL.COM
SIGNATURE <i>John Example</i>	DATE 04/08/2021	TELEPHONE (include area code) 916-123-4567