



VENDOR FORM

Required in lieu of IRS W-9 when doing business with the San Diego County Water Authority and will be used to prepare form 1099 and SB542 compliance.

1	<p>PLEASE RETURN THIS FORM TO:</p> <p>San Diego County Water Authority 4677 Overland Avenue San Diego, CA 92123 Attn: _____</p> <p style="text-align: right;">Questions? (858) 522-6674</p>
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2a	<p>PAYEE’S BUSINESS NAME / OR INDIVIDUAL</p> <p>SOLE PROPRIETOR – ENTER OWNER’S FULL NAME (last, first, middle initial) Last: _____ First: _____ M.I.: _____</p> <p>MAILING ADDRESS Street: _____ City: _____ State: _____ Zip: _____</p>
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2b	<p>If Mailing Address is different than Remittance/Purchase Order Address, please fill out below</p> <table style="width: 100%;"> <tr> <th style="text-align: left;">REMITTANCE ADDRESS</th> <th style="text-align: left;">PURCHASE ORDER ADDRESS</th> </tr> <tr> <td>Street: _____</td> <td>Street: _____</td> </tr> <tr> <td>City: _____</td> <td>City: _____</td> </tr> <tr> <td>State: _____ Zip: _____</td> <td>State: _____ Zip: _____</td> </tr> </table>	REMITTANCE ADDRESS	PURCHASE ORDER ADDRESS	Street: _____	Street: _____	City: _____	City: _____	State: _____ Zip: _____	State: _____ Zip: _____
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Street: _____	Street: _____								
City: _____	City: _____								
State: _____ Zip: _____	State: _____ Zip: _____								

3	<p>PAYEE TYPE (check one circle only)</p> <table style="width: 100%;"> <tr> <td><input type="radio"/> Attorney Corporation</td> <td><input type="radio"/> Medical Corporation</td> <td><input type="radio"/> Partnership</td> </tr> <tr> <td><input type="radio"/> Exempt Government</td> <td><input type="radio"/> Individual</td> <td><input type="radio"/> Sole Proprietor</td> </tr> <tr> <td><input type="radio"/> Exempt – NPO/501 (c)(3)</td> <td></td> <td><input type="radio"/> Other: (please specify) _____</td> </tr> </table>	<input type="radio"/> Attorney Corporation	<input type="radio"/> Medical Corporation	<input type="radio"/> Partnership	<input type="radio"/> Exempt Government	<input type="radio"/> Individual	<input type="radio"/> Sole Proprietor	<input type="radio"/> Exempt – NPO/501 (c)(3)		<input type="radio"/> Other: (please specify) _____
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4	<p>PAYEE’S TAXPAYER IDENTIFICATION NUMBER (TIN)</p> <p>TIN/FEIN <u>and</u> SSN are both required for sole proprietor by authority of the State of California revenue and taxation code section 18646. Note: Payment will not be processed without a Taxpayer Identification Number and Social Security Number (SSN).</p> <p>FEIN/TIN: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px; text-align: center;">-</td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table></p> <p>SSN: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px; text-align: center;">-</td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td><td style="width: 25px;"></td></tr></table></p>				-											-							
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5	<p>RESIDENCY STATUS (check one circle only)</p> <p><input type="radio"/> California resident, permanent place of business in CA, or qualified to do business in CA</p> <p><input type="radio"/> Non resident – payments may be subject to state withholding</p> <p><input type="radio"/> Copy of Waiver from Franchise Tax Board - (attach to this form)</p>
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6	<p>CERTIFYING SIGNATURE</p> <p>I hereby certify under penalty of perjury that the information provided on this document is true and correct. If any of the information should change, I will promptly inform the San Diego County Water Authority.</p> <p>Authorized Payee Representative: _____</p> <p>Representative’s Title: _____</p> <p>Representative’s Signature: _____</p>
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DEPOSIT AGREEMENT

I authorize the San Diego County Water Authority (Water Authority) to deposit by electronic transfer payments owed to me and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The Water Authority shall deposit the payments in the financial institution and account designated in item #7. I recognize that if I fail to provide complete and accurate information on this vendor form, the processing of this form may be delayed or my payments may be erroneously transferred electronically. This form will remain in effect until canceled in writing. I must initiate and complete a new vendor form if I change my account, close my account, or change financial institutions.

7 DIRECT DEPOSIT AUTHORIZATION (Vendors are encouraged to receive payments by Direct Deposit)

Financial Institution Name:	Phone number:	Name on account:																														
_____	_____	_____	_____																													
Address:	City:	State:	Zip:																													
_____	_____	_____	_____																													
Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings																														
Routing transit number:	Customer account number:																															
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Company contact information for notification and details of direct deposit payments

Contact Name: _____ **Email address for payment notification:** _____

Phone Number: _____

8	COMPLETION OF THIS SECTION IS VOLUNTARY AND WILL BE USED FOR STATISTICAL PURPOSES ONLY		
	Small Business	Owner Ethnicity:	_____
	Local (San Diego County) Business	Number of Employees:	_____
	Veteran – Owned Business		

Purpose of Form: The Water Authority is required to file an information return with the IRS. The Water Authority must have your correct taxpayer identification number (TIN) on file to report payments made to you.

Penalties: If you fail to furnish your TIN to the Water Authority, you are subject to a penalty of \$50 for each such failure unless your failure is due to a reasonable cause and not to willful neglect. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Privacy Statement: Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

Section 3406 of the Internal Revenue Code requires that the Water Authority withhold 28% in tax, called *backup withholding*, if the correct Payee name/TIN combination is not provided. It is mandatory to furnish the information required. Federal law requires that payments for which the requested information is not provided be subject to a 28% withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the Water Authority's accounts payable division.

What name and number to provide on form:	Give name and FEIN/ TIN (SSN) of:
Sole Proprietorship	The owner*
Corporation	The corporation
Partnership	The partnership
Other:	
A valid trust, estate, or pension trust	Legal entity**
Association, club, or tax exempt organization	The organization

* Sole Proprietor must show his/her individual name and social security number per SB542 for reporting to the Employment Development Department.
 **List first and circle the name of the legal trust, estate or pension trust. Use the FEIN of the entity, not the trustee or representative.