

## Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	I Name (as snown on your income tax return). Name is required on this line; do not leave this line blank.									
Print or type. Specific Instructions on page 3.	2 Business name/disregarded entity name, if different from above									
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes.    Individual/sole proprietor or   C Corporation   S Corporation   Partnership	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):								
	single-member LLC	Exempt pag	yee code (	if any)						
당	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnersh									
Print or type. c Instructions	Note: Check the appropriate box in the line above for the tax classification of the single-member own LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the own another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any)								
čiţi	Other (see instructions)	•	(Applies to accounts maintained outside the U.S.)							
Spe	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	nd address	(optional)						
See										
0,	6 City, state, and ZIP code									
	7 List account number(s) here (optional)									
Pai	Taxpayer Identification Number (TIN)									
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	<b>-</b>	urity numb	er						
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other										
entitie	es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	a								
TIN, later.							,			
	: If the account is in more than one name, see the instructions for line 1. Also see What Name an	ed Employer	r identification number				_			
Numi	per To Give the Requester for guidelines on whose number to enter.		-							
Par	t II Certification			1 1						
Unde	r penalties of perjury, I certify that:									
2. I ar Se	e number shown on this form is my correct taxpayer identification number (or I am waiting for a month of subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or longer subject to backup withholding; and	have not been no	otified by t	he Intern						
3. I ar	m a U.S. citizen or other U.S. person (defined below); and									
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	is correct.								
	fication instructions. You must cross out item 2 above if you have been notified by the IRS that you ave failed to report all interest and dividends on your tax return. For real estate transactions, item 2 d					j beca	ause			

acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

### Sign Signature of U.S. person ▶

**General Instructions**Section references are to the Internal Revenue Code unless otherwise

**Future developments**. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)

Date ▶

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Mt. San Antonio College Purchasing Department 1100 N. Grand Ave. Walnut, CA 91789

Phone (909) 274-4245 Fax (909) 274-2025

#### **VENDOR INFORMATION**

,	
1. GENERAL INFORMATION	2. Remittance Address (If different from Item 1):
Company Name	Company Name
Contact Name	Contact Name
dba (if applicable)	dba (if applicable)
Mailing Address	Mailing Address
City, State & Zip Code	City, State & Zip Code
()() Phone Number Fax Number	() Phone Number
E-Mail Address	E-Mail Address
Website Address	Alternate E-Mail Address
3. Affirmative Action (Check One):	4. ACH Info:
□ Minority-Owned/Disadvantaged Business	Bank Name:
<ul><li>Woman-Owned Business</li><li>Small Business Concern</li></ul>	Routing # :
<ul> <li>□ Disabled Veteran Enterprise</li> <li>□ Other</li> </ul>	Account Name:
□ None of the Above	Account #:
	Account Type:CheckingSavings
Does an employee or officer of Mt. San Antonio College business?   Yes   No  If yes, please provide the name of the Mt. San Antonio business.	e own, partly own, operate, or have a financial interest in this  College employee or officer who is affiliated with this

DISTRICT USE ONLY	
VENDOR I.D. NO:	Ву:
BANK VERIFICATION:	
PRE-NOTE:	Ву:

Dear Prospective Vendor,

If your address is outside California our college may need one of the additional forms below.

To assist you in determining which form to submit, below are brief form descriptions:

**Form 590 withholding exemption certificate**: to be used if a company is claiming an exemption from withholding i.e. they have a presence in California

Form 588 Nonresident Withholding Waiver Request: to be used if a company is requesting a withholding waiver i.e. they are filing a California Tax Return for reason(s) listed on the form

**Form 587 Nonresident Withholding allocation Worksheet:** to be filled out by a company if the other two forms are not applicable i.e. the company does not have a presence (address) in California and are not filing California tax returns

Attached are additional forms that your company will need to review. Please choose one and send back with W9 and company information. Thank you.

TAXABLE YEAR CALIFORNIA FORM

## **2022 Nonresident Withholding Waiver Request**

**588** 

Part I Wit	thholding Agent Information						
Business nam	ne			☐ ssn	or ITIN	FEIN CA Corp no. CA SOS file no.	
First name		Initial	Last name		Tele	ephone	
Address (apt./	ste., room, PO box, or PMB no.)				Fax		
City (If you ha	ve a foreign address, see instruction	ons.)			State	ZIP code	
David II. Da							
	quester Information						
Check one bo	x only.		☐ Payee ☐ Authorized Representative for Wit			Authorized Representative for Payee	
Business nam	ne			☐ SSN	or ITIN L	FEIN CA Corp no. CA SOS file no.	
First name	<u> </u>	Initial	Last name		Tele	ephone	
Address (apt./	ste., room, PO box, or PMB no.)				Fax	:	
City (If you bo	us a favoire address and instruction					7ID ands	
City (if you na	ve a foreign address, see instruction	ons.)			State	ZIP code	
Part III Ty	rpe of Income Subject to With	holo	ling				
Check one t							
A ☐ Pay	ments to Independent Con	trac	tors				
B 🗆 Trus	st Distributions						
C    Rer	nts or Royalties						
D Dist	tributions to Domestic Nonr	esic	lent Partners/Members/Beneficiaries/S Corp	oration S	hareholde	ers	
E 🗆 Esta	ate Distributions						
I 🗆 Oth	er						
Complete	Side 2, Part IV Schedule	of P	ayees, before signing below.				
Our privacy notice can be found in annual tax booklets or online. Go to <b>ftb.ca.gov/privacy</b> to learn about our privacy to ftb.ca.gov/forms and search for <b>1131</b> to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on the control of the c						t our privacy policy statement, or ice on Collection. To request this	
Sign Here	Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than withholding agent) is based on all information of which preparer has any knowledge.						
	Type or print requester's name an	nd title	9		Telepho	one	
	Requester's signature				Date		

7051223 Form 588 2021 **Side 1** 

Requester Name:				Requester TIN:	. [	
Part IV Schedule	e of Pavees					
		dition	al payees. We can	only accept and pro	ocess	additional payees reported on this form. See instructions
Business name						SSN or ITIN FEIN CA Corp no. CA SOS file no
						·
First name		Initial	Last name			
Address (apt./ste roo	m, PO box, or PMB no.)					
	,					
City (If you have a fore	eign address, see instructions.)					State ZIP code
	<u> </u>					
Reason for Waiver Re	quest (Check box next to one Reason Code.)		Newly Adr	mitted Date (mm/dd/	l/yyyy)	) (Must be included when selecting Reason Code "D.")
□ A □ B □ C	□d □E					
Business name						SSN or ITIN FEIN CA Corp no. CA SOS file no
First name		Initial	Last name			
Address (apt./ste., roo	m, PO box, or PMB no.)					
City (If you have a fore	eign address, see instructions.)					State ZIP code
Reason for Waiver Re	quest (Check box next to one Reason Code.)		Newly Adr	mitted Date (mm/dd/	l/yyyy)	) (Must be included when selecting Reason Code "D.")
□а □в □с	□d □E					
Business name						SSN or ITIN FEIN CA Corp no. CA SOS file no
First name		Initial	Last name			
Address (apt./ste., roo	m, PO box, or PMB no.)					
City (If you have a fore	eign address, see instructions.)					State ZIP code
Reason for Waiver Re	quest (Check box next to one Reason Code.)		Newly Adr	nitted Date (mm/dd/	l/yyyy)	(Must be included when selecting Reason Code "D.")
□а □в □с	□D □E					
Waiver Request Re	eason Codes					

- A Payee has California state tax returns on file for the two most current taxable years in which the payee has a filing requirement. Payee is considered current on any tax obligations with the Franchise Tax Board (FTB).
- B Payee is making timely estimated tax payments for the current taxable year. Payee is considered current on any tax obligations with the FTB.
- Payee is a corporation that is not qualified to do business and does not have a permanent place of business in California but is filing a tax return based on a combined report with a corporation that does have a permanent place of business in California. Attach a copy of Schedule R-7, Election to File a Unitary Taxpayers' Group Return, from the combined report.
- Payee is a newly admitted S corporation shareholder, partner of a partnership, or member of a limited liability company. In the "Newly Admitted Date" box, provide the date this shareholder, partner, or member was admitted. The waiver will expire at the end of the calendar year succeeding the date the payee was newly admitted. Once expired, the payee must have the most current California tax return due on file or estimated tax payments for the current taxable year in order to have a new waiver granted.
- E Other Attach a specific reason and include substantiation that would justify a waiver from withholding. If payee is a group return participant, attach a copy of Schedule 1067A, Nonresident Group Return Schedule, from the group return.

TAXABLE YEAR

2022

# **Nonresident Withholding Allocation Worksheet**

CALIFORNIA FORM

587

	completes this form and returns		ent. The withholding	agent keeps t	his fo	rm with their records.
	Withholding Agent Informati	on				
Withholding a	agent's name					
Address (apt.	/ste., room, PO box, or PMB no.)					
City (If you ha	ave a foreign address, see instructions.)				State	ZIP code
Part II	Nonresident Payee Informat	ion				
Payee's name	9			SSN or ITIN	FEIN	☐ CA Corp no. ☐ CA SOS file no.
Address (apt.	/ste., room, PO box, or PMB no.)					
City (If you ha	ave a foreign address, see instructions.)				State	ZIP code
Nonresident	payee's entity type: (Check one)					
□ Individua	al/sole proprietor	☐ Partnership	☐ Limited liability com	pany (LLC)		Estate or trust
Part III	Payment Type					
Performs Certification Provides Certification If the nonres	payee: (Check one) services totally outside California (no with on of Nonresident Payee) only goods or materials (no withholding re on of Nonresident Payee) sident payee performs all the services w	equired, skip to ithin California, withholding is	Provides services wit Other (Describe)	hin and outside C	aliforni	e Part IV, Income Allocation) a (see Part IV, Income Allocation)  lless the payee is granted a
	waiver from the Franchise Tax Board (F	IB). For more information, ge	et FTB Pub. 1017, Reside	nt and Nonresid	ent Wit	hholding Guidelines.
	ents expected from the withholding age	nt during the calendar year fo	ır·			
arooo payrii	onto expected from the withholding ago	(a) Within California		de California		(c) Total payments
Service 2 Rents or 3 Royalty p 4 Prizes an 5 Other pay	nd services: /materials (no withholding required) es (withholding required)					
Add co	olumn (a), line 1 through line 5	·				
Nonresid	lent withholding threshold amount:	\$1,500.00				
Backup w	vithholding threshold amount:	\$0.00				
Certification	of Nonresident Payee					
Sign Here					schedul e facts phone	equest this notice by mail, es and statements, and to the best
	X			Date		

## **2022 Withholding Exemption Certificate**

**590** 

The payee completes this form and submits it to the withholding agent. The withholding ager Withholding Agent Information	nt keeps th	is form with their records.					
Name							
Payee Information							
Name	SSN or ITIN	SSN or ITIN FEIN CA Corp no. CA SOS file no.					
Address (apt./ste., room, PO box, or PMB no.)							
City (If you have a foreign address, see instructions.)	S	tate ZIP code					
Exemption Reason							
Check only one box.							
By checking the appropriate box below, the payee certifies the reason for the exemption from the requirements on payment(s) made to the entity or individual.	he Californ	ia income tax withholding					
Individuals — Certification of Residency: I am a resident of California and I reside at the address shown above. If I become a n notify the withholding agent. See instructions for General Information D, Definitions.	onresident	at any time, I will promptly					
Corporations:  The corporation has a permanent place of business in California at the address show California Secretary of State (SOS) to do business in California. The corporation will f	Corporations:  The corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify						
Partnerships or Limited Liability Companies (LLCs): The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.							
Tax-Exempt Entities:  The entity is exempt from tax under California Revenue and Taxation Code (R&TC) S  Internal Revenue Code Section 501(c) (insert number). If this entity ceases to the withholding agent. Individuals cannot be tax-exempt entities.							
Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Penson The entity is an insurance company, IRA, or a federally qualified pension or profit-sha	sion/Profit ring plan.	-Sharing Plans:					
California Trusts:  At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.							
Estates — Certification of Residency of Deceased Person:  I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death.  The estate will file a California fiduciary tax return.							
Nonmilitary Spouse of a Military Servicemember:  I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse requirements. See instructions for General Information E, MSRRA.	e Residenc	y Relief Act (MSRRA)					
CERTIFICATE OF PAYEE: Payee must complete and sign below.							
Our privacy notice can be found in annual tax booklets or online. Go to <b>ftb.ca.gov/privacy</b> to leave to go to <b>ftb.ca.gov/forms</b> and search for <b>1131</b> to locate FTB 1131 EN-SP, Franchise Tax Board this notice by mail, call 800.338.0505 and enter form code <b>948</b> when instructed.							
Under penalties of perjury, I declare that I have examined the information on this form, includin statements, and to the best of my knowledge and belief, it is true, correct, and complete. I furth if the facts upon which this form are based change, I will promptly notify the withholding agent.	ner declare						
Type or print payee's name and title	Te	elephone					
Payee's signature ▶	Da	ate					