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

_____
Company Name

_____
Contact Name

_____
dba (if applicable)

_____
Mailing Address

_____
City, State & Zip Code

(_____)_____ (_____)_____
Phone Number Fax Number

_____
E-Mail Address

_____
Website Address

2. Remittance Address (If different from Item 1):

_____
Company Name

_____
Contact Name

_____
dba (if applicable)

_____
Mailing Address

_____
City, State & Zip Code

(_____)_____ (_____)_____
Phone Number Fax Number

_____
E-Mail Address

_____
Alternate E-Mail Address

3. Affirmative Action (Check One):

☐ Minority-Owned/Disadvantaged Business
☐ Woman-Owned Business
☐ Small Business Concern
☐ Disabled Veteran Enterprise
☐ Other_____
☐ None of the Above

4. ACH Info:

Bank Name: _____

Routing # : _____

Account Name: _____

Account # : _____

Account Type: ☐ Checking ☐ Savings

Does an employee or officer of Mt. San Antonio College own, partly own, operate, or have a financial interest in this business? ☐ Yes ☐ No

If yes, please provide the name of the Mt. San Antonio College employee or officer who is affiliated with this business. _____

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

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

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.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

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 only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid 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 entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, 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 Here	**Signature of U.S. person** ►	**Date** ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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)
- 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)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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.*

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

2024 Withholding Exemption Certificate 590

The payee completes this form and submits it to the withholding agent. The withholding agent keeps this form with their records.

Withholding Agent Information

Name

Payee Information

Name

☐ SSN or ITIN ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.

Address (apt./ste., room)

City (If you have a foreign address, see instructions.)

State

ZIP code

Exemption Reason

Check only one box.

By checking the appropriate box below, the payee certifies the reason for the exemption from the California income tax withholding requirements on payment(s) made to the entity or individual.

☐ **Individuals — Certification of Residency:**
I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Definitions.

☐ **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 the withholding agent. See instructions for General Information D, Definitions.

☐ **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) Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

☐ **Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit-Sharing Plans:**
The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

☐ **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 Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

CERTIFICATE OF PAYEE: Payee must complete and sign below.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that if the facts upon which this form are based change, I will promptly notify the withholding agent.

Type or print payee's name and title _____ Telephone _____

Payee's signature ▶ _____ Date _____

TAXABLE YEAR

CALIFORNIA FORM

2024 Nonresident Withholding Waiver Request 588

Part I Withholding Agent Information

Business name

☐ SSN or ITIN ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.

First name | Initial | Last name | Telephone

Address (apt./ste., room, PO box, or PMB no.) | Fax

City (If you have a foreign address, see instructions.) | State | ZIP code

Part II Requester Information

Check one box only. ☐ Withholding Agent ☐ Payee ☐ Authorized Representative for Withholding Agent ☐ Authorized Representative for Payee

Business name

☐ SSN or ITIN ☐ FEIN ☐ CA Corp no. ☐ CA SOS file no.

First name | Initial | Last name | Telephone

Address (apt./ste., room, PO box, or PMB no.) | Fax

City (If you have a foreign address, see instructions.) | State | ZIP code

Part III Type of Income Subject to Withholding

Check one type only.

A ☐ Payments to Independent Contractors

B ☐ Trust Distributions

C ☐ Rents or Royalties

D ☐ Distributions to Domestic Nonresident Partners/Members/Beneficiaries/S Corporation Shareholders

E ☐ Estate Distributions

I ☐ Other

Complete Side 2, Part IV Schedule of Payees, before signing below.

Sign Here

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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 and title | Telephone

Requester's signature ▶ | Date

Requester Name: ______ Requester TIN: ______

Part IV Schedule of Payees

Do not use your own version of the Schedule of Payees to report additional payees. We can only accept and process 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., room, PO box, or PMB no.)

City (If you have a foreign address, see instructions.) State ZIP code

Reason for Waiver Request (Check box next to one Reason Code.) Newly Admitted Date (mm/dd/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., room, PO box, or PMB no.)

City (If you have a foreign address, see instructions.) State ZIP code

Reason for Waiver Request (Check box next to one Reason Code.) Newly Admitted Date (mm/dd/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., room, PO box, or PMB no.)

City (If you have a foreign address, see instructions.) State ZIP code

Reason for Waiver Request (Check box next to one Reason Code.) Newly Admitted Date (mm/dd/yyyy) (Must be included when selecting Reason Code “D.”)

☐ A ☐ B ☐ C ☐ D ☐ E

Waiver Request Reason 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.

C 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.

D 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 **2024**

Nonresident Withholding Allocation Worksheet

CALIFORNIA FORM **587**

The payee completes this form and returns it to the withholding agent. The withholding agent keeps this form with their records.

Part I Withholding Agent Information

Withholding agent's name

Address (apt./ste., room, PO box, or PMB no.)

City (If you have a foreign address, see instructions.) | State | ZIP code

Part II Nonresident Payee Information

Payee's name | ☐ 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.) | State | ZIP code

Nonresident payee's entity type: (Check one)

☐ Individual/sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company (LLC) ☐ Estate or trust

Part III Payment Type

Nonresident payee: (Check one)

☐ Performs services totally outside California (no withholding required, skip to Certification of Nonresident Payee)

☐ Provides only goods or materials (no withholding required, skip to Certification of Nonresident Payee)

☐ Provides goods and services in California (see Part IV, Income Allocation)

☐ Provides services within and outside California (see Part IV, Income Allocation)

☐ Other (Describe)_____

If the nonresident payee performs all the services within California, withholding is required on the entire payment for services unless the payee is granted a withholding waiver from the Franchise Tax Board (FTB). For more information, get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines.

Part IV Income Allocation

Gross payments expected from the withholding agent during the calendar year for:

		(a) Within California	**(b)** Outside California	**(c)** Total payments
1	Goods and services:			
	Goods/materials (no withholding required)			
	Services (withholding required)			
2	Rents or lease payments			
3	Royalty payments			
4	Prizes and other winnings			
5	Other payments			
6	Total payments subject to withholding. Add column (a), line 1 through line 5			

Nonresident withholding threshold amount: $1,500.00

Backup withholding threshold amount: $0.00

Certification of Nonresident Payee

Sign Here

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare under penalties of perjury that if the facts upon which this form are based change, I will promptly notify the withholding agent.

Print or type payee's name	Telephone
Payee's signature **X**	Date
Print or type representative's name and title	Telephone
Authorized representative's signature **X**	Date