

CITY OF SANTEE - FINANCE DEPARTMENT

PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the City of Santee)

VENDOR #

Finance Dept Completes

ARE YOU A NEW VENDOR? Y/N

ARE YOU UPDATING EXISTING INFORMATION ON FILE? Y/N

1	DEPARTMENT/OFFICE <p align="center">City of Santee - Finance Department</p> MAILING ADDRESS <p align="center">10601 Magnolia Avenue</p> CITY, STATE, ZIP CODE <p align="center">Santee, CA 92071</p> TELEPHONE NUMBER <p align="center">Voice (619) 258-4100 x141 - Fax (619) 562-1046</p> CITY OF SANTEE CONTACT/REQUESTER <p>Nicole Figueroa, Accounts Payable</p> E-MAIL <p>nfigueroa@cityofsanteeca.gov</p>	PURPOSE: Information contained in this form will be used by the City of Santee to prepare information Returns (Form 1099) and for withholding on payments to nonresident payees. Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on page 2)															
PLEASE RETURN TO: →→→→																	
2	PAYEE'S LEGAL BUSINESS NAME <p>Keyser Marston Associates, Inc.</p> DBA ADDRESS (Number and Street or P.O. Box#) <p>555 West Beech Street, Suite 460</p> CITY, STATE, ZIP CODE <p>San Diego, CA 92101</p> REMITTANCE ADDRESS IF DIFFERENT (Number and Street or P.O. Box #) <p>1299 Fourth Street, Suite 408</p> CITY, STATE, ZIP CODE <p>San Rafael, CA 94901</p>	SOLE PROPRIETOR: ENTER OWNER'S FULL NAME AS SHOWN ON SSN (Last, First, M.I.) Note: Given name must be provided when SSN is being utilized as Tax-ID. E-MAIL ADDRESS <p>infosd@keysermarston.com</p> PAYEE PHONE NUMBER <p>(619) 718 - 9500</p> PAYEE FAX NUMBER <p>(619) 718 - 9508</p> COMPANY WEB ADDRESS <p>www.keysermarston.com</p>															
3	Check All Boxes That Apply: <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Office Supplies/Equipment</td> <td><input type="checkbox"/> Maintenance, Repair & Operations/Supplies & Equipment</td> <td><input type="checkbox"/> Vehicles</td> </tr> <tr> <td><input type="checkbox"/> Safety Medical Supplies</td> <td><input type="checkbox"/> IT Hardware/Software</td> <td><input type="checkbox"/> Construction</td> </tr> <tr> <td><input type="checkbox"/> Auto Part Service</td> <td><input type="checkbox"/> Roadways & Traffic</td> <td><input type="checkbox"/> Building Maintenance Services</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Other Services <small>Real estate consulting services</small></td> </tr> </table>		<input type="checkbox"/> Office Supplies/Equipment	<input type="checkbox"/> Maintenance, Repair & Operations/Supplies & Equipment	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Safety Medical Supplies	<input type="checkbox"/> IT Hardware/Software	<input type="checkbox"/> Construction	<input type="checkbox"/> Auto Part Service	<input type="checkbox"/> Roadways & Traffic	<input type="checkbox"/> Building Maintenance Services			<input type="checkbox"/> Other Services <small>Real estate consulting services</small>			
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5	SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF REVENUE AND TAXATION CODE SECTION 18645 (See reverse) FEDERAL EMPLOYERS IDENTIFICATION (FEIN) <div style="background-color: black; color: white; padding: 5px; text-align: center; font-size: 24px; font-weight: bold;">Redacted</div> IF PAYEE ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE, LLC, LLP OR TRUST, ENTER FEIN	SOCIAL SECURITY NUMBER / ITIN <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table> IF PAYEE ENTITY TYPE IS INDIVIDUAL OR SOLE PROPRIETOR, ENTER SSN															
6	PAYEE RESIDENCY STATUS Check appropriate box(es): <ul style="list-style-type: none"> <input checked="" type="checkbox"/> California Resident Qualified to do business in CA or maintains a permanent place of business in CA. <input type="checkbox"/> California Nonresident (See page 2). Payments to CA nonresidents may be subject to state income tax withholding. <ul style="list-style-type: none"> <input type="checkbox"/> A Waiver from CA state tax withholding is attached (From the California Franchise Tax Board). <input type="checkbox"/> All services related to this payment were performed OUTSIDE of the state of California. 	NOTE Payment will not be processed without an accompanying taxpayer I.D. number. NOTE An estate is a resident if decedent was a CA resident at time of death. A trust is resident if one or more trustees are CA residents. (See page 2)															
7	A/R CONTACT INFO: NAME <u>Nanci Severietti-Boyd</u> E-MAIL <u>nboyd@keysermarston.com</u>																
8	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.																
CERTIFYING SIGNATURE	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (TYPE OR PRINT) <p>Diane M. Chambers</p> SIGNATURE <p>Diane M. Chambers Digitally signed by Diane M. Chambers Date: 2019.11.18 08:37:14 -08'00'</p>	TITLE <p>Busines Manager, CFO</p> DATE <p>11/18/19</p> TELEPHONE NUMBER <p>(415) 398 - 3050 ext 233</p>															

PAYEE DATA RECORD (page 2)

ARE YOU A RESIDENT OR NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate, or trust receiving payment from the City of Santee must indicate their residency status along with their taxpayer identification number.

A **corporation** will be considered a “resident” if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For **individual/sole proprietors**, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose, which will extend over a long or indefinite period, will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a **partnership** is considered a resident partnership if it has a permanent place of business in California. An estate is considered a California estate if the decedent was a California resident at the time of death and a trust is considered a California trust if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

From within the United States, call 1-800-852-5711
From outside the United States, call 1-916-845-6500
For hearing impaired with TDD, call 1-800-822-6268

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident payees, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident payees performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the PAYEE are \$1,500 or less for the calendar year.

A nonresident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address listed below. A waiver will generally be granted when a payee has a history of filing California returns and making timely estimated payments. If the payee activity is carried on outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board
Nonresident Withholding Section
Attention: State Agency Withholding Coordinator
P.O. Box 651
Sacramento, CA 95812-0651
Telephone: 1-916-845-4900
Fax: 1-916-845-4831
E-mail Address: wscs.gen@ftb.ca.gov
Website: www.ftb.ca.gov

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his 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.

The City of Santee requires that all parties entering into business transactions that may lead to payment(s) from the City must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109. The TIN for individuals and sole proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to withholding and state law imposes noncompliance penalties 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 business services unit or the accounts payable unit of the city agency(ies) with which you transact business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in Section 1.