STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9) STD. 204 (Rev. 6-2003)

1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.				
	PAYEE'S LEGAL BUSINESS NAME (Type or Print)				
2	SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (I	PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)			
	MAILING ADDRESS BUSINESS ADDRESS				
	CITY, STATE, ZIP CODE CITY, STATE, ZIP CODE				
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3 PAYEE ENTITY	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): PARTNERSHIP CORPORATION: MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) ESTATE OR TRUST DESTAND (connection) NOTE: Payment will not be processed without an accompanying taxpayer i.D.				
TYPE	EXEMPT (nonprofit) ALL OTHERS				
CHECK ONE BOX ONLY	INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: (SSN required by authority of California Revenue and Tax Code Section 18646)				
4	California resident - Qualified to do business in California or maintains a permanent place of business in California.				
PAYEE RESIDENCY STATUS	 California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. No services performed in California. Copy of Franchise Tax Board waiver of State withholding attached. 				
5	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.				
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)		TITLE	TITLE	
	SIGNATURE	DATE	TELEPHONE		
	Please return completed form to:				
6	Department/Office: Judicial Council of California, Administrative Office of the Courts Finance Division - Business Services RFP: CFCC 02-11-LM				
	Mailing Address: 455 Golden Gate Avenue, 7th Floor				
	City/State/Zip: San Francisco, CA 94102-3688				
	Telephone: () Fax: ()				
	E-mail Address:				