

Reset Form

Print Form

Important: Form must be filled out in [Adobe Reader](#) or [Acrobat Professional 8.1](#) or above. To save completed forms, [Acrobat Professional](#) is required. For technical and accessibility assistance, contact the [Campus Controller's Office](#).

Before You Start: Select at least one item below to simplify the form - Read page 3 before proceeding.

Required:
 Dept Contact Name: _____
 Filing as Individual / Sole Proprietor Check if California resident
 Filing as Business / Other

Section 1: Business and Personal Information

Legal Business Name and DBA Name (as applicable)	Person or Sole Proprietor - Enter full name here (Last, First, MI) - Include DBA if applicable
Permanent Business Address (number & street or P.O. Box) <i>(Required)</i>	Permanent Remittance (Address (if different from Business Address) <i>(Required)</i>
City, State & Zip code	City, State and Zip code
Email: _____ FAX # _____	(Optional) UCSC Campus Mail Stop (Complete ONLY after providing Permanent Address)
Phone # _____ Toll Free # _____	

Section 2: Payee's Entity Type (Company or Person) Check One Box Only

COMPANIES		PERSONS	
<input type="checkbox"/> Non Profit Corporation	<input type="checkbox"/> Estate or Trust	<input type="checkbox"/> UCSC Employee	<input type="checkbox"/> Employee or Student (other UC campus)
<input type="checkbox"/> Medical / Dental / Legal Corp.	<input type="checkbox"/> Partnership or LLC	<input type="checkbox"/> UCSC Student	<input type="checkbox"/> Other Person (no UC affiliation)
<input type="checkbox"/> All Other Corporations			<input type="checkbox"/> Sole Proprietor

Section 3: Activity and Payment Terms

<input type="checkbox"/> Medical / Legal Svcs.	<input type="checkbox"/> Equipment/Supplies	<input type="checkbox"/> Reimbursement	<input type="checkbox"/> Non-Employee Compensation
<input type="checkbox"/> Services (nonmedical)	<input type="checkbox"/> Royalties	<input type="checkbox"/> Travel	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Rent		<input type="checkbox"/> Prizes / Awards	

Specify your invoice payment terms (e.g., 2% 15/Net30): _____ Do you collect Calif State's sales tax? If so, what% _____

List primary goods or services offered by you or your company: _____

Section 4: Payee's Taxpayer I.D. Number (FEIN or SSN) Required in order to process payment

Social Security number for individual/Sole Proprietor (FEIN if tax reporting using DBA)

Federal Employer's Identification Number (FEIN) Individual (SSN) - Sole Proprietor (SSN/FEIN)

Section 5: Payee's Citizenship and Residency

Are you a United States citizen? Yes No Are you a Foreign Permanent Resident? Yes No

Foreign Visitors: https://financial.ucsc.edu/Pages/Payments_ForeignNationals.aspx#requiresEad If yes, attach a copy of your Resident Alien (green) card

Section 6: Tax Withholding Information - Services performed by non-residents may be subject to California Tax withholding

Yes No Are you registered in California for tax purposes? If yes, attach Waiver of State Withholding from Franchise Tax Board

Yes No Are services performed in California? If yes, what % of the services are performed in CA? _____

Section 7: Business Information

Business Size	Business Type	Questions: (831) 459-2311 or buy4me@ucsc.edu	Conflict of Interest Overview: https://financial.ucsc.edu/Pages/Payments_GeneralInvoice.aspx#generalrelapp
<input type="checkbox"/> Large (>500 employees)	<input type="checkbox"/> Women-owned (51% or more)	<input type="checkbox"/> Service-Disabled Veteran-owned (51% or more)	
<input type="checkbox"/> Small (<500 employees)	<input type="checkbox"/> Disadvantaged (51% or more)	<input type="checkbox"/> Historically Black Colleges & Universities	
US SBA Certified? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Veteran-owned (51% or more)	<input type="checkbox"/> HubZone	

Section 8: Certification and Required Signature: Print and Sign - Electronic signatures not accepted

I hereby certify under penalty of perjury that the information provided is true and correct. Promptly inform the University of residency status changes.

Payee Signature _____ Print Name _____ Date _____

Section 9: Submit Information:

Employees and Students: Use campus mail: Dept. FAR.
 Offsite Vendor: Mail original to: UCSC, 1156 High St., Attn: Accounting Office, Santa Cruz, CA 95064.

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University of California, Santa Cruz

Vendor Electronic Funds Authorization Form

(Only for use with banks within the United States)

Form questions: Email finpolicy@ucsc.edu

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This form authorizes the University of California, Santa Cruz, to make payments to a business or individual electronically. All payments will be paid into the account designated by the voided check attached to this form. Notification of payments will be sent by email, with the payment settling into your bank account within two days. It is the responsibility of the business or individual to notify UCSC of any changes pertinent to electronic payments, such as changes in banking information or email address.

Section 1: General Information (Complete all fields)

Name: _____
(Last Name, First Name Middle Initial)

Phone: _____

Mailing address: _____

Email: _____

Bank/Depository name: _____

Organization name: _____
(If applicable)

Section 2: Account Information

Select account type: Checking **Required:** Attach a voided check
 Savings **Required:** Include savings account identifying information

Section 3: Funds Transfer

To comply with the requirements of the U.S. Department of Treasury, Office of Foreign Assets Control (OFAC), UCSC is obligated to ask the question shown below regarding the transferring funds. If your answer is "Yes", UCSC will issue a paper check in lieu of processing a direct deposit.

Are funds transferred to the designated direct deposit account and then transferred to a bank in a foreign country?

Yes No

Section 4: Authorization

Signature

Print name

Date

Section 5: Submit information (Attach a voided check)

Employees and Students: Use campus mail: Dept. FAR.

Offsite Vendor: Mail original to: UCSC, 1156 High St., Attn: Accounting Office, Santa Cruz, CA 95064.

Are you a Resident or Non-Resident?

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the State of California must indicate their residency status along with their payee's 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 intrastate 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 employee.

For **individuals/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 that 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: 1-916-854-6500
For hearing impaired with TDD, call: 1-800-822-6268

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 State of California requires that all parties entering into business transactions that may lead to payment(s) from the State 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 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 individual 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 a 31% 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 business services unit or the accounts payable unit of the state 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.

Electronic Funds Transfer Authorization

The University of California, Santa Cruz campus, requests your participation in a program to process your vendor payments by transferring funds electronically through the bank industry's ACH system. All remittance information for these payments will be emailed to you, and will not be sent through the US mail service. To authorize transfer of electronic funds, please complete the Vendor Electronic Funds Authorization form located on page 2 of this document.

Are you subject to tax 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 non resident 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
Withhold at Source Unit
Attention: State Agency Withholding Coordinator
P.O. Box 651
Sacramento, CA 95812-0651
Telephone: (916) 845-4900
FAX: (916) 845-4831

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