

**PAYEE DATA RECORD**

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 5/2018)

<b>1</b>	<b>INSTRUCTIONS:</b> Type or print the information. Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown in Box 6. Prompt return of this <b>fully completed</b> form will prevent delays when processing payments. Information provided in this form will be used by California state agencies to prepare Information Returns (Form1099). See next page for more information and Privacy Statement. <b>NOTE:</b> Governmental entities, i.e. federal, state, and local (including school districts), are not required to submit this form.																		
<b>2</b>	<b>BUSINESS NAME</b> (As shown on your income tax return) Woodside Fire Protection District																		
	<b>SOLE PROPRIETOR, SINGLE MEMBER LLC, INDIVIDUAL</b> (Name as shown on SSN or ITIN) Last, First, MI							<b>E-MAIL ADDRESS</b>											
	<b>MAILING ADDRESS</b> 808 Portola Rd.					<b>BUSINESS ADDRESS</b> same													
	<b>CITY</b> Portola Valley			<b>STATE</b> CA	<b>ZIP CODE</b> 94028		<b>CITY</b>			<b>STATE</b>	<b>ZIP CODE</b>								
<b>3</b>	<b>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):</b> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>9</td><td>4</td><td>6</td><td>0</td><td>0</td><td>1</td><td>5</td><td>3</td><td>0</td> </tr> </table>										9	4	6	0	0	1	5	3	0
9	4	6	0	0	1	5	3	0											
<b>PAYEE ENTITY TYPE</b>  <b>CHECK ONE BOX ONLY</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <b>PARTNERSHIP</b>  <input type="checkbox"/> <b>ESTATE OR TRUST</b> </div> <div style="width: 45%;"> <b>CORPORATION:</b>  <input type="radio"/> <b>MEDICAL</b> (e.g., dentistry, psychotherapy, chiropractic, etc.)  <input type="radio"/> <b>LEGAL</b> (e.g., attorney services)  <input type="radio"/> <b>EXEMPT</b> (nonprofit)  <input checked="" type="radio"/> <b>ALL OTHERS</b> </div> </div>																		
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> <b>SOLE PROPRIETOR, INDIVIDUAL, OR SINGLE MEMBER LLC</b> (Disregarded Entity)         </div> <div style="width: 45%;"> <b>ENTER SSN OR ITIN:</b> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> </div> </div> <p style="font-size: small; margin-top: 5px;">Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) are required by authority of California Revenue and Tax Code sections 18646 and 18661)</p>																		
<b>4</b>	<b>PAYEE RESIDENCY STATUS</b> <input checked="" type="checkbox"/> <b>CALIFORNIA RESIDENT</b> - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> <b>CALIFORNIA NON RESIDENT</b> (see next page for more information) - Payments to nonresidents for services may be subject to state income tax withholding. <div style="margin-left: 20px;"> <input type="radio"/> No services performed in California.  <input type="radio"/> Copy of Franchise Tax Board waiver of state withholding attached.         </div>																		
<b>5</b>	<b>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.</b>																		
	<b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME</b> (Type or Print) Kathleen Edwards					<b>TITLE</b> Business Manager		<b>TELEPHONE</b> (include area code) 650 851-1594											
	<b>SIGNATURE</b> 					<b>DATE</b> 12/2/2019		<b>E-MAIL ADDRESS</b> kedwards@woodsidefire.org											
<b>6</b>	<b>Please return completed form to:</b>																		
	<b>DEPARTMENT/OFFICE</b>					<b>UNIT/SECTION</b>													
	<b>MAILING ADDRESS</b>					<b>TELEPHONE</b> (include area code)			<b>FAX</b>										
	<b>CITY</b>			<b>STATE</b>	<b>ZIP CODE</b>		<b>E-MAIL ADDRESS</b>												