

VENDOR DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD. 204 (REV. 12-94)

APPROVED BY THE
CROSS-CATALAN ROCKEY
DATE 01/14/95

NOTE: Governmental entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the vendor

1 PLEASE RETURN TO:	DEPARTMENT/OFFICE	California Energy Commission Accounting Office MS #2	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. <i>(See Privacy Statement on reverse.)</i>
	STREET ADDRESS	1516 Ninth Street	
	CITY, STATE, ZIP CODE	Sacramento, CA 95814	
	TELEPHONE NUMBER		

2 VENDOR'S BUSINESS NAME

SOLE PROPRIETOR—ENTER OWNER'S FULL NAME HERE (Last, First, M.I.)

[REDACTED]

(City, State, and Zip Code)
PASO ROBLES, CA 93446

3 VENDOR ENTITY TYPE	CHECK ONE BOX ONLY		NOTE: State and local governmental entities, including school districts are not required to submit this form.
	<input type="checkbox"/> MEDICAL CORPORATION (Including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)	<input type="checkbox"/> PARTNERSHIP	
	<input type="checkbox"/> EXEMPT CORPORATION (Non-profit)	<input type="checkbox"/> ESTATE OR TRUST	
	<input type="checkbox"/> ALL OTHER CORPORATIONS	<input checked="" type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR	

4 VENDOR'S TAXPAYER I. D. NUMBER	SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF THE REVENUE AND TAXATION CODE SECTION 18645 (See reverse)		NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
	FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN)	SOCIAL SECURITY NUMBER	
	[REDACTED]	<u>4811-301-118110</u>	
	IF VENDOR ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN.	IF VENDOR ENTITY TYPE IS INDIVIDUAL/SOLE PROPRIETOR, ENTER SSN.	

5 VENDOR RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES)		NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. <i>(See reverse.)</i>
	<input checked="" type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA	<input type="checkbox"/> Nonresident (See Reverse) Payments for services by nonresidents may be subject to state withholding	
	<input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED	<input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	

6

CERTIFYING SIGNATURE

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.

[REDACTED]

AU	TITLE
SIG	DATE <u>6-25-01</u> TELEPHONE NUMBER <u>805 238-2394</u>