San Diego County Water Authority

VENDOR FORM

Required in lieu of IRS W-9 when doing business with the San Diego County Water Authority and will be used to prepare form 1099 and SB542 compliance.

1 **PLEASE RETURN THIS FORM TO:**

San Diego County Water Authority
4677 Overland Avenue
San Diego, CA 92123
Attn:_____

Questions?
(858) 522-6674

2a **PAYEE'S BUSINESS NAME / OR INDIVIDUAL**

_____

SOLE PROPRIETOR – ENTER OWNER'S FULL NAME (last, first, middle initial)

Last: _____ **First:** _____ **M.I.:** _____

MAILING ADDRESS

Street: _____

City: _____ **State:** _____ **Zip:** _____

2b **If Mailing Address is different than Remittance/Purchase Order Address, please fill out below**

REMITTANCE ADDRESS
Street: _____
City: _____
State:_____ **Zip:**_____

PURCHASE ORDER ADDRESS
Street: _____
City: _____
State: _____ **Zip:**_____

3 **PAYEE TYPE** (check one circle only)

- ○ **Attorney Corporation**
- ○ **Exempt Government**
- ○ **Exempt – NPO/501 (c)(3)**
- ○ **Medical Corporation**
- ○ **Individual**
- ○ **Partnership**
- ○ **Sole Proprietor**
- ○ **Other: (please specify)** _____

4 **PAYEE'S TAXPAYER IDENTIFICATION NUMBER (TIN)**

TIN/FEIN **and** SSN are both required for sole proprietor by authority of the State of California revenue and taxation code section 18646. **Note:** Payment will not be processed without a Taxpayer Identification Number and Social Security Number (SSN).

FEIN/TIN: | | | - | | | | | | | |

SSN: | | | | - | | | - | | | | |

5 **RESIDENCY STATUS** (check one circle only)

- ○ **California resident, permanent place of business in CA, or qualified to do business in CA**
- ○ **Non resident – payments may be subject to state withholding**
- ○ **Copy of Waiver from Franchise Tax Board - (attach to this form)**

6 **CERTIFYING SIGNATURE**

I hereby certify under penalty of perjury that the information provided on this document is true and correct. If any of the information should change, I will promptly inform the San Diego County Water Authority.

Authorized Payee Representative: _____

Representative 's Title: _____

Representative's Signature: _____

DEPOSIT AGREEMENT

I authorize the San Diego County Water Authority (Water Authority) to deposit by electronic transfer payments owed to me and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The Water Authority shall deposit the payments in the financial institution and account designated in item #7. I recognize that if I fail to provide complete and accurate information on this vendor form, the processing of this form may be delayed or my payments may be erroneously transferred electronically.
This form will remain in effect until canceled in writing. I must initiate and complete a new vendor form if I change my account, close my account, or change financial institutions.

7 **DIRECT DEPOSIT AUTHORIZATION** (Vendors are encouraged to receive payments by Direct Deposit)

Financial Institution Name: _____ **Phone number:** _____ **Name on account:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Type of Account: ☐ **Checking** ☐ **Savings**

Routing transit number: | | | | | | | | | |

Customer account number: | | | | | | | | | | | | | |

Company contact information for notification and details of direct deposit payments

Contact Name: _____

Email address for payment notification:

Phone Number: _____ _____

8 **COMPLETION OF THIS SECTION IS VOLUNTARY AND WILL BE USED FOR STATISTICAL PURPOSES ONLY**

☐ **Small Business**
☐ **Local (San Diego County) Business**
☐ **Veteran – Owned Business**
☐ **Owner Ethnicity:** _____
☐ **Number of Employees:** _____

Purpose of Form: The Water Authority is required to file an information return with the IRS. The Water Authority must have your correct taxpayer identification number (TIN) on file to report payments made to you.

Penalties: If you fail to furnish your TIN to the Water Authority, you are subject to a penalty of $50 for each such failure unless your failure is due to a reasonable cause and not to willful neglect. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Privacy Statement: Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their 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.

Section 3406 of the Internal Revenue Code requires that the Water Authority withhold 28% in tax, called *backup withholding*, if the correct Payee name/TIN combination is not provided. It is mandatory to furnish the information required. Federal law requires that payments for which the requested information is not provided be subject to a 28% 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 Water Authority's accounts payable division.

What name and number to provide on form:	Give name and FEIN/ TIN (SSN) of:
Sole Proprietorship	**The owner***
Corporation	**The corporation**
Partnership	**The partnership**
Other:	
A valid trust, estate, or pension trust	Legal entity**
Association, club, or tax exempt organization	The organization

**** Sole Proprietor must show his/her individual name and social security number per SB542 for reporting to the Employment Development Department.***
*****List first and circle the name of the legal trust, estate or pension trust. Use the FEIN of the entity, not the trustee or representative.***