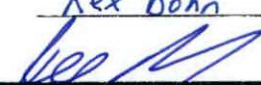


PAYEE DATA RECORD(Required when receiving payment from the State of California in lieu of IRS W-9)
STD. 204 (Rev. 6-2003)(CA ST PKG, EXCEL 9/11/2009)

| | | | |
|---|--|---|---|
| 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. | | |
| 2 | PAYEE'S LEGAL BUSINESS NAME (Type or Print) Humboldt County Public Health Laboratory SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) _____ EMAIL ADDRESS _____ MAILING ADDRESS _____ BUSINESS ADDRESS _____ 529 I Street CITY, STATE, ZIP CODE _____ CITY, STATE, ZIP CODE _____ Eureka CA 95501 | | |
| 3 | ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <u>94-0000513</u> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: _____ <small>(SSN required by authority of California Revenue and Tax Code Section 18646)</small> | CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input checked="" type="checkbox"/> ALL OTHERS | NOTE: Payment will not be processed without an accompanying taxpayer I.D. number. |
| 4 | <input checked="" type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <input type="checkbox"/> No services performed in California. <input type="checkbox"/> 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) <u>Rex Bohm</u> | | TITLE <u>Vice Chair</u> | |
| SIGNATURE  | | DATE <u>10/23/18</u> | TELEPHONE <u>(707) 268-7640</u> |
| 6 | Please return completed form to: Department/Office: <u>DEPARTMENT OF PARKS AND RECREATION</u> Unit/Section: <u>NORTHCOAST REDWOODS DISTRICT</u> Mailing Address: <u>PO BOX 2006</u> City/State/Zip: <u>EUREKA CA 95502</u> Telephone: <u>(707) 445 6547 X 28</u> Fax: <u>(707) 441 5737</u> E-mail Address: <u>lorraine.colby@parks.ca.gov</u> | | |

