STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION

VENDOR MASTER RECORD INFORMATION FORM

PURCHASE INFORMATION

☐ SERVICE TYPE OF SERVICE PURCHASED: _____

☐ COMMODITY TYPE OF PRODUCT PURCHASED: _____

BUSINESS DESIGNATION

☐	SMALL BUSINESS (SB)	CERTIFICATION #	EXPIRATION DATE
☐	MICRO BUSINESS (MB)	CERTIFICATION #	EXPIRATION DATE
☐	MEDICAL BUSINESS		
☐	DVBE BUSINESS	CERTIFICATION #	EXPIRATION DATE
☐	GENERAL BUSINESS		

1099 VENDORS WITHHOLDING TAX CODE

☐ 1042 S REPORTING

☐ 1099 MISC REPORTING FEDERAL TAX

WITHHOLDING TAX INFORMATION

☐ RENTS
☐ ROYALTIES
☐ OTHER INCOME (PRIZED, AWARDS)
☐ FISHING BOAT PROCEEDS
☐ MEDICAL AND HEALTHCARE PAYMENTS
☐ NONEMPLOYEE COMPENSATION
☐ SUBSTITUTE PAYMENTS (DIVIDENDS/INTEREST)
☐ DIRECT SALES
☐ CROP INSURANCE PROCEEDS
☐ EXCESS GOLDEN PARACHUTE PAYMENTS
☐ GROSS PROCEEDS PAID TO AN ATTORNEY
☐ STATE TAX WITHHELD

TYPE OF RECIPIENT

☐ CORPORATION
☐ PARTNERSHIP
☐ FIDUCIARY
☐ NOMINEE
☐ GOVERNMENT OR INT. ORGANIZATION
☐ TAX EXEMPT ORGANIZATION
☐ PRIVATE FOUNDATION
☐ ARTIST OR ATHLETE
☐ ESTATE
☐ US BRANCH TREATED AS US
☐ QUALIFIED INTERMEDIARY
☐ PRIVATE ARR INTER WRP GEN
☐ PRIVATE ARR INTER WRP EXEM
☐ QUALIFIED INTER EIRP GEN
☐ QUALIFIED INTER EIRP EXEM
☐ AUTHORIZES FOREIGN AGENT
☐ OTHER
☐ TYPE OF RECIPIENT UNKNOWN
☐ INDIVIDUAL/SOLE PROPRIETOR

FACTORING VENDOR (WHEN A VENDOR SELLS RECEIVABLES TO A THIRD PARTY) ATTACH COPY OF THE SIGNED AGREEMENT

COMPANY NAME _____

DBA _____

STREET(P.O. Box) _____

CITY _____

ZIP _____

STATE _____

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION

VENDOR MASTER RECORD INFORMATION FORM

Form to be completed by Vendor.
Return completed form to your CDCR contact.

BUSINESS LEGAL NAME

DBA

C/O

FEIN OR SS#

PHYSICAL ADDRESS

STREET

CITY

STATE ZIP

REMIT TO INFORMATION (IF MORE THAN ONE ADDRESS/COMPANY ATTACH ADDITIONAL SHEET)

COMPANY NAME

STREET(P.O. Box)

CITY

STATE ZIP

CONTACT INFORMATION

CONTACT PERSON

TITLE

PHONE #

FAX #

E-MAIL ADDRESS

WEB-SITE ADDRESS