



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



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