

**PAYEE DATA RECORD (in lieu of IRS W-9)**

Required in lieu of IRS W-9 form when receiving payments from the Judicial Council of California - Administrative Office of the Courts (AOC) on behalf of the Superior Courts of California

**1 Instructions**

Complete all information on this form, sign, date, and return the form. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used to prepare Information Returns (1099). Submit the completed form to [AskAPclaims@occourts.org](mailto:AskAPclaims@occourts.org) or pony the form to the following address:

Accounting Services  
Attn: Accounts Payable (PDR form)

**SECTIONS 2 THRU 5 TO BE COMPLETED BY VENDOR**

**2 Legal Name**

PAYEE'S LEGAL NAME - AS SHOWN ON FEDERAL INCOME TAX RETURN		
BUSINESS NAME - IF DIFFERENT FROM ABOVE		E-MAIL ADDRESS
MAILING ADDRESS		BUSINESS ADDRESS (if different from remittance mailing address)
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
PHONE NUMBER		FACSIMILE NUMBER

**3 Payee Entity Type**  
**Complete One Box Only**

**ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)**      \_ \_ - \_ \_ \_ \_ \_

PARTNERSHIP                       CORPORATION                       EXEMPT (NON-PROFIT)

LIMITED LIABILITY COMPANY       CORPORATION - LEGAL       GOVERNMENT

CORPORATION - MEDICAL           OTHER -                               ESTATE OR TRUST

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INDIVIDUAL/SOLE PROPRIETOR

**ENTER SOCIAL SECURITY NUMBER (SSN)**      \_ \_ - \_ - \_ \_

NOTE  
A taxpayer identification number is required

*If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN; however, the IRS prefers that you use your SSN. An employee vendor is not required to provide a SSN*

**4 Resident Status**  
check the appropriate box

California Resident - Qualified to do business in California or maintains place of business

California Nonresident (see reverse side) - Payments to non-resident for services may be subject to State Income Tax withholding.

No services performed in California

Copy of Franchise Tax Board waiver of State Withholding attached

**5 Certification**  
NOTE  
See instructions on page 2

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person, as defined by the IRS.

**I hereby certify under the penalty of perjury that the information provided on this document is true and correct. Should my information change, I will promptly notify the AOC at the address listed in Section 1.**

**Vendor Contact Information and signature**

VENDOR REPRESENTATIVE'S NAME (Type or Print)	TITLE	E-MAIL
AUTHORIZED VENDOR SIGNATURE	DATE	TELEPHONE

**SECTION 6 TO BE COMPLETED BY COURT**

**6 Vendor Category**

**Please choose from the AOC Vendor category below to help us expedite payment**

ARBITRATOR                       VOLUNTEER       OTHER (description required)

CONTRACTOR                       GRAND JURY       RENT

COURT APPT. COUNSEL       INTEREST PAYMENTS ONLY       DECEASED FINAL PAYMENT

COURT REPORTER                       COURT INTERPRETER: (indicate language)

EMPLOYEE                       MEDIATOR       GARNISHMENT TRUSTEE      **PAYMENT TERMS**

**Court Contact**

COURT CONTACT NAME	PHONE NUMBER	EMAIL
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**FOR AOC USE ONLY** (Form updated 02/01/2013)

Assigned Vendor Number	Assigned By:
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