

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)
 STD. 204 (Rev. 5/06)_DHCS

1	<p>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.</p> <p>NOTE: Governmental entities, federal, state, and local (including school districts), are not required to submit this form.</p>								
2	<p>PAYEE'S LEGAL BUSINESS NAME (Type or Print) California Mental Health Advocates for Children and Youth</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</td> <td style="width:50%;">E-MAIL ADDRESS</td> </tr> <tr> <td>MAILING ADDRESS c/o 1722 South Lewis Road</td> <td>BUSINESS ADDRESS</td> </tr> <tr> <td>CITY, STATE, ZIP CODE Camarillo, CA 93012</td> <td>CITY, STATE, ZIP CODE</td> </tr> </table>			SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS	MAILING ADDRESS c/o 1722 South Lewis Road	BUSINESS ADDRESS	CITY, STATE, ZIP CODE Camarillo, CA 93012	CITY, STATE, ZIP CODE
SOLE PROPRIETOR—ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS								
MAILING ADDRESS c/o 1722 South Lewis Road	BUSINESS ADDRESS								
CITY, STATE, ZIP CODE Camarillo, CA 93012	CITY, STATE, ZIP CODE								
3	<p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 6 8 - 0 0 4 6 1 0 9</p> <p>PAYEE ENTITY TYPE</p> <p><input type="checkbox"/> PARTNERSHIP CORPORATION:</p> <p><input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)</p> <p><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR <input type="checkbox"/> LEGAL (e.g., attorney services)</p> <p style="margin-left: 150px;"><input checked="" type="checkbox"/> EXEMPT (nonprofit)</p> <p style="margin-left: 150px;"><input type="checkbox"/> ALL OTHERS</p> <p>ENTER SOCIAL SECURITY NUMBER: - - </p> <p style="text-align:center; font-size: small;">(SSN required by authority of California Revenue and Tax Code Section 18646)</p>	<p>NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.</p>							
4	<p>PAYEE RESIDENCY TYPE</p> <p><input checked="" type="checkbox"/> California resident—qualified to do business in California or maintains a permanent place of business in California.</p> <p><input type="checkbox"/> California nonresident (see reverse side)—Payments to nonresidents for services may be subject to State income tax withholding.</p> <p style="margin-left: 40px;"><input type="checkbox"/> No services performed in California.</p> <p style="margin-left: 40px;"><input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.</p>								
5	<p style="text-align:center;">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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Steven Elson</td> <td style="width:25%;">TITLE Treasurer</td> <td style="width:25%;"></td> </tr> <tr> <td>SIGNATURE </td> <td>DATE 1/27/2018</td> <td>TELEPHONE (805) 366-4343</td> </tr> </table>			AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Steven Elson	TITLE Treasurer		SIGNATURE 	DATE 1/27/2018	TELEPHONE (805) 366-4343
AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Steven Elson	TITLE Treasurer								
SIGNATURE 	DATE 1/27/2018	TELEPHONE (805) 366-4343							
6	<p>Please return completed form to:</p> <p>Department/Office: Department of Health Care Services- TPLRD</p> <p>Unit/Section: _____</p> <p>Mailing Address: _____</p> <p>City/State/ZIP: _____</p> <p>Telephone: () _____ FAX: () _____</p> <p>E-Mail Address: _____</p>								