

San Francisco Bay Area Rapid Transit (BART) VENDOR / PAYEE DATA RECORD (Required in lieu of IRS W-9)			
1. INSTRUCTIONS	Complete all information requested on this form. Sign, date, and return to the BART department requesting this information. A completed Vendor / Payee Data Record is required for payments to all non-governmental entities or individuals. Prompt return of this fully completed form will prevent delays when processing payments. Payment will be subject to federal and state income tax backup withholding, without a valid FEIN/SSN. See next page for more information. NOTE: Governmental entities, federal, state, county and city are not required to submit this form.		
2. PAYEE INFORMATION	NAME (as shown on your income tax return)		
	BUSINESS NAME / DISREGARDED ENTITY NAME (if different from the NAME above)		
	MAILING ADDRESS (Number and street or P.O. Box number, City, State and Zip Code)		
	PAYMENT REMITTANCE ADDRESS (must match with remittance address on your invoice)		
	E-MAIL ADDRESS OF YOUR BILLING DEPARTMENT		
3. FEDERAL TAX CLASSIFICATIONS	Check appropriate box for federal tax classification of the NAME field above. Check only one of the following boxes: Individual/sole proprietor or single member LLC C Corporation S Corporation Partnership Trust/Estate Limited Liability Company [also enter tax classification (C=Corporation; S=S Corporation; P=Partnership) ____] Other:		
4. EXEMPTIONS	Exempt payee code (if any) _____ Exemption from FATCA reporting (if any) _____ (Visit www.irs.gov for further details)		
5. TAX ID NO. (TIN)	Payment will not be processed without taxpayer ID number. Enter your TIN in the appropriate box. If you are an individual or sole proprietor, you must enter your SSN. Single member LLCs or disregarded entities must enter the TIN of the owner identified on the NAME line. SOCIAL SECURITY NUMBER (SSN): _____ FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): _____		
6. TYPE	Check the boxes that apply to BART payments to you: Goods Services Medical services Legal services Rents/lease Other (please specify):		
7. CALIFORNIA SELLER'S PERMIT NUMBER	Required for vendors that charge California sales tax (Visit www.cdtfa.ca.gov for further details): _____		
8. CERTIFYING SIGNATURE	I hereby certify under penalty of perjury that the information provided on this document is true and correct. If facts change upon which this form are based, I will promptly notify BART department requesting this information.		
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE	E-MAIL ADDRESS
	SIGNATURE	DATE	PHONE NUMBER

A.	PAYEE INFORMATION - Enter the payee’s legal business name. Sole proprietorships must also include the owner’s full name. An individual must list his/her full name. The Mailing Address should be the address at which the payee chooses to rec correspondence. The Payment Remittance Address must match with remittance address on invoice.
B.	FEDERAL TAX CLASSIFICATIONS & TAX IDENTIFICATION NUMBER (TIN) - Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, corporations will enter their Federal Employer Identification Number (FEIN).
C.	CALIFORNIA SELLER’S PERMIT NUMBER - San Francisco Bay Area Rapid Transit District (BART) is fully taxable, and not exempted from applicable sales & use tax. <ul style="list-style-type: none">- If your company is not a California company and does not have California Seller's Permit, please invoice BART without California sales tax. BART will calculate/accrue applicable sales/use tax, and directly transmit to California Department of Tax and Fee Administration (formerly State Board of Equalization).- If your company is not a California company but does have California Seller's Permit, please provide the California Seller's Permit Number.
D.	Change of payee information, tax classifications, tax identification number, and/or payment remittance address, etc. require submission of an updated VENDOR/PAYEE DATA RECORD form.