

STD. 204 (Rev. 6-2003)

<b>1</b>	<b>INSTRUCTIONS:</b> 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 <b>fully completed</b> 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. <b>NOTE:</b> Governmental entities, federal, State, and local (including school districts), are not required to submit this form.								
<b>2</b>	<b>PAYEE'S LEGAL BUSINESS NAME</b> (Type or Print) OnCore Consulting LLC <hr/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN</b> (Last, First, M.I.)</td> <td style="width: 40%;"><b>E-MAIL ADDRESS</b></td> </tr> <tr> <td><b>MAILING ADDRESS</b> 1100 Pond View Drive</td> <td><b>BUSINESS ADDRESS</b> 1100 Pond View Drive</td> </tr> <tr> <td><b>CITY, STATE, ZIP CODE</b> Folsom, CA. 95630</td> <td><b>CITY, STATE, ZIP CODE</b> Folsom, CA. 95630</td> </tr> </table>			<b>SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN</b> (Last, First, M.I.)	<b>E-MAIL ADDRESS</b>	<b>MAILING ADDRESS</b> 1100 Pond View Drive	<b>BUSINESS ADDRESS</b> 1100 Pond View Drive	<b>CITY, STATE, ZIP CODE</b> Folsom, CA. 95630	<b>CITY, STATE, ZIP CODE</b> Folsom, CA. 95630
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<b>3</b>	<b>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):</b> 4   5   -   2   4   2   5   3   2   8		<b>NOTE:</b> Payment will not be processed without an accompanying taxpayer I.D. number.						
<b>PAYEE ENTITY TYPE</b>  <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST  <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR <b>CHECK ONE BOX ONLY</b>	<b>CORPORATION:</b> <input type="checkbox"/> <b>MEDICAL</b> (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> <b>LEGAL</b> (e.g., attorney services) <input type="checkbox"/> <b>EXEMPT</b> (nonprofit) <input checked="" type="checkbox"/> <b>ALL OTHERS</b>  <b>ENTER SOCIAL SECURITY NUMBER:</b>       -       -         <small>(SSN required by authority of California Revenue and Tax Code Section 18646)</small>								
<b>4</b>	<b>PAYEE RESIDENCY STATUS</b> <input checked="" type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.								
<b>5</b>	<p style="text-align: center;"><b>I hereby certify under penalty of perjury that the information provided on this document is true and correct.</b>  <b>Should my residency status change, I will promptly notify the State agency below.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME</b> (Type or Print) Lee Bennett</td> <td style="width: 30%;"><b>TITLE</b> Managing Director</td> </tr> <tr> <td><b>SIGNATURE</b> </td> <td> <b>DATE</b>    2/27/17  <b>TELEPHONE</b>            (916) 215-1150         </td> </tr> </table>			<b>AUTHORIZED PAYEE REPRESENTATIVE'S NAME</b> (Type or Print) Lee Bennett	<b>TITLE</b> Managing Director	<b>SIGNATURE</b> 	<b>DATE</b> 2/27/17 <b>TELEPHONE</b> (916) 215-1150		
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<b>6</b>	<b>Please return completed form to:</b> <b>Department/Office:</b> Department of Technology <b>Unit/Section:</b> Statewide Technology Procurement <b>Mailing Address:</b> PO Box 1810 <b>City/State/Zip:</b> Rancho Cordova, CA, 95741 <b>Telephone:</b> ( ) <b>Fax:</b> ( ) <b>E-mail Address:</b> ADPQ@state.ca.gov								