

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)
 STD. 204 (Rev. 6-2003)

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 on 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) Express messenger systems dbA OnTrac</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</td> <td>E-MAIL ADDRESS</td> </tr> <tr> <td>MAILING ADDRESS Dept. 1664</td> <td>BUSINESS ADDRESS 3401 E. Harbour Dr.</td> </tr> <tr> <td>CITY, STATE, ZIP CODE Los Angeles CA 90084</td> <td>CITY, STATE, ZIP CODE Phoenix AZ 85034</td> </tr> </table>			SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS	MAILING ADDRESS Dept. 1664	BUSINESS ADDRESS 3401 E. Harbour Dr.	CITY, STATE, ZIP CODE Los Angeles CA 90084	CITY, STATE, ZIP CODE Phoenix AZ 85034
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3 PAYEE ENTITY TYPE CHECK ONE BOX ONLY	<p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 98-0066674</p> <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: </td> <td style="width:50%; vertical-align: top;"> <p>CORPORATION:</p> <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input checked="" type="checkbox"/> ALL OTHERS </td> </tr> </table> <p style="text-align: right; font-size: small;">(SSN required by authority of California Revenue and Tax Code Section 18646)</p>		<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: 	<p>CORPORATION:</p> <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input checked="" type="checkbox"/> ALL OTHERS	<p>NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.</p>				
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4 PAYEE RESIDENCY STATUS	<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: 20px;"> <input type="checkbox"/> No services performed in California. <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 colspan="2">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Christopher Carlson</td> <td>TITLE Regional Mgr</td> </tr> <tr> <td>SIGNATURE </td> <td>DATE 2/08/08</td> <td>TELEPHONE 916 419-2040</td> </tr> </table>			AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Christopher Carlson		TITLE Regional Mgr	SIGNATURE 	DATE 2/08/08	TELEPHONE 916 419-2040
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6	<p>Please return completed form to:</p> <p>Department/Office: _____</p> <p>Unit/Section: _____</p> <p>Mailing Address: _____</p> <p>City/State/Zip: _____</p> <p>Telephone: (____) _____ Fax: (____) _____</p> <p>E-mail Address: _____</p>								

