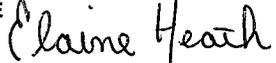


PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6-2003)

1	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. NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.		
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print) FedEx Corporate Services, Inc.		
		SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS elaine.heath@fedex.com
		MAILING ADDRESS (payment) p.o. box 7221	BUSINESS ADDRESS (PO's, Correspondence) 6625 Lenox Park Blvd
		CITY, STATE, ZIP CODE Pasadena, CA 91109-7321	CITY, STATE, ZIP CODE Memphis, TN 38115-4397
3	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 71-0427007		NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
PAYEE ENTITY TYPE	<input type="checkbox"/> PARTNERSHIP		
CHECK ONE BOX ONLY	<input type="checkbox"/> ESTATE OR TRUST		
		CORPORATION: <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	
		<input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER:	
(SSN required by authority of California Revenue and Tax Code Section 18646)			
4	<input checked="" type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California.		
PAYEE RESIDENCY STATUS	<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.			
5	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.		
		AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Elaine Heath	TITLE Worldwide Account Manager
		SIGNATURE 	DATE 06/28/2011
		TELEPHONE (858) 450-9869	
6	Please return completed form to:		
Department/Office: _____			
Unit/Section: _____			
Mailing Address: _____			
City/State/Zip: _____			
Telephone: (____) _____ Fax: (____) _____			
E-mail Address: _____			