



Thank you for your support of our event, the ESPN National Golf Challenge.

In order to pay you or your facility the financial incentives, regional tournament hosting fees, or any prize money associated with your participation in our event, we are required to establish you as a "Vendor" with our payment processor, the Walt Disney Company. Most of you should be familiar with this process and we hope you will complete these forms and fax them promptly to the number provided on this page.

Here is a brief set of instructions to help you complete the documents:

- **Section A** - Request for Taxpayer Form--Complete and sign
- **Section A** - Withholding Exemption Certificate - **California**
California Form 590--Complete and sign only if doing business in California
- **Section B** - Supplier Sales/Use Tax Status Form--Complete and sign.
 - Note: most pro's and courses will X the Not Registered in any State box
- **Section C** - Transaction Automation Form--Just sign and date this form--not required to give your bank information unless you want direct deposit.
- **Section D** - Supplier Ownership Information Form--Add your name and date at the top

Please fax your completed Sections A, (2 if California) B, C and D (no need to send the instructions or 1st page) to:

ESPN National Golf Challenge – ATTN: Kathy Hnat
Fax Number: 704-973-5101
Phone: 704-973-5074



As a Disney Supplier, we require several pieces of information about your company. We have simplified the process by splitting the information we need into four parts—A,B,C and D. Forms to collect information in all four parts are attached in this kit.

New Suppliers—Please **complete and return all four parts**.

Existing Suppliers—Please complete and return the part(s) appropriate to the changes being requested.

Please Fax your completed Kit to your Disney representative:

Fax Number 704-973-5101 Attn: Kathy Hnat

A	Part A includes a Walt Disney Company Substitute W-9 form and a California Form 590. <i>Note: The Form 590 may not be applicable to all Suppliers. If none of the selections apply to your company, note N/A on the Form 590.</i>
B	Disney’s SAP system calculates sales tax due. Part B is a form collecting Supplier sales and use tax information for each state.
C	Disney supports electronic POs, invoicing and payment distribution. Part C is a form collecting information about your company’s electronic transaction and direct deposit ACH (Automated Clearing House) capabilities.
D	Disney is committed to Supplier diversity. Part D is a form that collects ownership information about your company, so we can track our eligible women- and minority-owned businesses.

Disney Casual Buyers/Requestors Use Only

- When you receive the completed Kit from your Supplier, create and submit a Vendor Request in SAP
- Fill in the **ID** field (in the upper right-hand corner) on each form you submit
New Suppliers—Use the 6-digit SAP Vendor Request number
Existing Suppliers—Use their 10-digit SAP Vendor Number
- Fax the completed Kit to: Disney Worldwide Shared Services – Accounts Payable Department at 407-938-4102

Failure to provide all completed forms will result in the rejection of the Vendor Request.



REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

For Information regarding the IRS W-9 form and instructions go to: www.irs.gov

The Walt Disney Company and Consolidated Subsidiaries Substitute W-9 Form, DO NOT send to IRS

Business Address: (REQUIRED) Address:	Remit to Address: (REQUIRED) Address:
City/State/ZIP:	City/State/ZIP:
e-Mail Address:	UPDATE INFORMATION: Previous Individual/Business Name, TIN or Vendor Number(s):

PART I - TAX STATUS (REQUIRED)

Complete the row of boxes that correspond to your tax status. (COMPLETE ONE ROW ONLY)

Individual	Individual Name (First Name, Middle Initial, Last Name)	Individual's Social Security Number (9 digits)	
Sole Proprietor or LLC Single-Owner (Unincorporated)	Business Owner's Name (Required)	Social Security Number (9 digits) and/or Employer ID Number	Business, Trade Name or DBA
Partnership, LLP or LLC with Multiple Owners (Unincorporated)	Partnership's Name on IRS records (see IRS mailing labels)	Employer ID Number (9 digits)	Name or Partnership
Corporation, including LLC with Corporation Status (Incorporated)	Name (as shown on your income tax return)	Employer ID Number (9 digits)	Business, Trade Name or DBA
Other (Non Profit, Schools, Government, etc.)	Name (as shown on your income tax return)	Employer ID Number (9 digits)	Specify Type

OTHER INFORMATION (REQUIRED)

Please check:

- | | | | |
|---|------------------------------|-----------------------------|---------------------------------------|
| 1) Have you or will you provide services rendered in California? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Occasionally |
| 2) Have you or will you receive rent for property located in California? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Occasionally |
| 3) Have you or will you receive royalties for services originally rendered in California? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Occasionally |
| 4) Have you or will you provide rentals of tangible personal property to be used in California? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Occasionally |

If you answer **YES** or **OCCASIONALLY** to 1), 2), 3) or 4), submit a completed **California Form 590** or you will be subject to California Nonresident Withholding.

PART II - CERTIFICATION AND SIGNATURE (REQUIRED)

Under penalties of perjury, I certify that:

- The number shown on this form in Part I is my correct taxpayer identification number (or I am waiting for a number to be assigned to me), **and**
- I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- I am a U.S. citizen or other U.S. person (defined in the W-9 Instructions)

Certification Instructions: You **MUST** cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. (Also see Signing the Certification under Specific Instructions.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE:	DATE:
PRINT NAME:	COMPANY/TITLE/DEPT:
PHONE NUMBER:	FAX NUMBER:



YEAR

Withholding Exemption Certificate

CALIFORNIA FORM

2009

(This form can only be used to certify exemption from nonresident withholding under California R&TC Section 18662. Do not use this form for exemption from wage withholding.)

590

File this form with your withholding agent. (Please type or print)

Withholding agent's name _____

Vendor/Payee's name _____

Vendor/Payee's SSN or ITIN
 SOS file no. CA corp. no. FEIN

Address (including number and street, PO Box, or PMB no.) _____

Apt. no./ Ste. no. _____

City _____

State _____

ZIP Code _____

Read the following carefully and check the box that applies to the vendor/payee.

I certify that for the reasons checked below, the entity or individual named on this form is exempt from the California income tax withholding requirement on payment(s) made to the entity or individual.

Individuals — Certification of Residency:

I am a resident of California and I reside at the address shown above. If I become a nonresident at any time, I will promptly notify the withholding agent. See instructions for General Information D, Who is a Resident, for the definition of a resident.

Corporations:

The above-named corporation has a permanent place of business in California at the address shown above or is qualified through the California Secretary of State (SOS) to do business in California. The corporation will file a California tax return and withhold on payments of California source income to nonresidents when required. If this corporation ceases to have a permanent place of business in California or ceases to do any of the above, I will promptly notify the withholding agent. See instructions for General Information E, What is a Permanent Place of Business, for the definition of permanent place of business.

Partnerships:

The above-named partnership has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership will file a California tax return and will withhold on foreign and domestic nonresident partners when required. If the partnership ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a Limited Liability Partnership (LLP) is treated like any other partnership.

Limited Liability Companies (LLC):

The above-named LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The LLC will file a California tax return and will withhold on foreign and domestic nonresident members when required. If the LLC ceases to do any of the above, I will promptly notify the withholding agent.

Tax-Exempt Entities:

The above-named entity is exempt from tax under California R&TC Section 23701 _____ (insert letter) or Internal Revenue Code Section 501(c) _____ (insert number). The tax-exempt entity will withhold on payments of California source income to nonresidents when required. If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

Insurance Companies, IRAs, or Qualified Pension/Profit Sharing Plans:

The above-named entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

California Trusts:

At least one trustee of the above-named trust is a California resident. The trust will file a California fiduciary tax return and will withhold on foreign and domestic nonresident beneficiaries when required. If the trustee becomes a nonresident at any time, I will promptly notify the withholding agent.

Estates — Certification of Residency of Deceased Person:

I am the executor of the above-named person's estate. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return and will withhold on foreign and domestic nonresident beneficiaries when required.

CERTIFICATE: Please complete and sign below.

Under penalties of perjury, I hereby certify that the information provided in this document is, to the best of my knowledge, true and correct. If conditions change, I will promptly notify the withholding agent.

Vendor/Payee's name and title (type or print) _____ Daytime telephone no. _____

Vendor/Payee's signature ► _____ Date _____



Instructions for Form 590

Withholding Exemption Certificate

References in these instructions are to the California Revenue and Taxation Code (R&TC).

General Information

For purposes of California income tax, references to a spouse, a husband, or wife also refer to a Registered Domestic Partner (RDP) unless otherwise specified. For more information on RDPs, get FTB Pub. 737, Tax Information for Registered Domestic Partners.

Private Mail Box. Include the Private Mail Box (PMB) in the address field. Write "PMB" first, then the box number. Example: 111 Main Street PMB 123.

A Purpose

Use Form 590, Withholding Exemption Certificate, to certify an exemption from nonresident withholding. California residents or entities should complete and present Form 590 to the withholding agent. The withholding agent is then relieved of the withholding requirements if the agent relies in good faith on a completed and signed Form 590 unless told by the Franchise Tax Board (FTB) that the form should not be relied upon.

Important – This form cannot be used for exemption from wage withholding. If you are an employee, any wage withholding questions should be directed to the FTB General Information number, 800.852.5711. Employers should direct their calls to the California Employment Development Department (EDD) at 888.745.3886 or go to their website at www.edd.ca.gov.

Sellers of California real estate use Form 593-C, Real Estate Withholding Certificate, not Form 590.

B Requirement

R&TC Section 18662 requires withholding of income or franchise tax on payments of California source income made to nonresidents of California.

Withholding is required on the following, but is not limited to:

- Payments to nonresidents for services rendered in California.
- Distributions of California source income made to domestic nonresident S corporation shareholders, partners and members and allocations of California source income made to foreign partners and members.
- Payments to nonresidents for rents if the payments are made in the course of the withholding agent's business.
- Payments to nonresidents for royalties for the right to use natural resources located in California.
- Distributions of California source income to nonresident beneficiaries from an estate or trust.
- Prizes and winnings received by nonresidents for contests in California.

For more information on withholding and waiver requests, get FTB Pub. 1017, Resident and Nonresident Withholding Guidelines. To get a withholding publication see General Information G, Where to Get Publications, Forms, and Additional Information.

C Who can Execute this Form

Form 590 can be executed by the entities listed on this form.

For payments made for services of a performing entity, the performing entity or the performing entity's partnership or corporation should complete this form. The performing entity's agent or other third party cannot complete this form.

The grantor of a grantor trust shall be treated as the vendor/payee for withholding purposes. Therefore, if the vendor/payee is a grantor trust and one or more of the grantors is a nonresident, withholding is required. If all of the grantors on the trust are residents, no withholding is required. Resident grantors can check the box on Form 590 labeled "Individuals — Certification of Residency."

D Who is a Resident

A California resident is any individual who is in California for other than a temporary or transitory purpose or any individual domiciled in California who is absent for a temporary or transitory purpose.

An individual domiciled in California who is absent from California for an uninterrupted period of at least 546 consecutive days under an employment-related contract is considered outside California for other than a temporary or transitory purpose.

An individual is still considered outside California for other than a temporary or transitory purpose if return visits to California do not total more than 45 days during any taxable year covered by an employment contract.

This provision does not apply if an individual has income from stocks, bonds, notes, or other intangible personal property in excess of \$200,000 in any taxable year in which the employment-related contract is in effect.

A spouse/RDP absent from California for an uninterrupted period of at least 546 days to accompany a spouse/RDP under an employment-related contract is considered outside of California for other than a temporary or transitory purpose.

Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident. For assistance in determining resident status, get FTB Pub. 1031, Guidelines for Determining Resident Status, or call the FTB at 800.852.5711 or 916.845.6500 (not toll-free).

E What is a Permanent Place of Business

A corporation has a permanent place of business in California if it is organized and existing under the laws of California or if it is a foreign corporation qualified to transact intrastate business by the California SOS. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having

a permanent place of business in California only if it maintains a permanent office in California that is permanently staffed by its employees.

F Withholding Agent

Keep Form 590 for your records. Do **not** send this form to the FTB unless it has been specifically requested.

For more information, contact Withholding Services and Compliance, see General Information G.

The vendor/payee must notify the withholding agent if any of the following situations occur:

- The individual vendor/payee becomes a nonresident.
- The corporation ceases to have a permanent place of business in California or ceases to be qualified to do business in California.
- The partnership ceases to have a permanent place of business in California.
- The LLC ceases to have a permanent place of business in California.
- The tax-exempt entity loses its tax-exempt status.

The withholding agent must then withhold and remit the withholding using Form 592-A, Foreign Partner or Member Quarterly Withholding Remittance Statement, Form 592, Quarterly Resident and Nonresident Withholding Statement, and Form 592-B, Resident and Nonresident Withholding Tax Statement, is retained by the withholding agent and a copy is given to the payee.

G Where to Get Publications, Forms, and Additional Information

You can download, view, and print California tax forms and publications from our website at ftb.ca.gov.

To have publications or forms mailed to you or to get additional nonresident withholding information, contact the Withholding Services and Compliance.

WITHHOLDING SERVICES AND COMPLIANCE MS F182
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0651

Telephone: 888.792.4900
916.845.4900 (not toll-free)
Fax: 916.845.9512

Assistance for persons with disabilities:

We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments call TTY/TDD 800.822.6268.

Asistencia para personas discapacitadas.

Nosotros estamos en conformidad con el Acta de Americanos Discapacitados. Personas con problemas auditivos pueden llamar al TTY/TDD 800.822.6268.



Supplier Sales/Use Tax Status

Disney Use Only

ID#

Supplier Name _____ Tax ID Number _____

Please indicate which state(s) your company is doing business and is registered to collect state sales/use tax.

- If you indicate your company is registered in a particular state where you ship product to or perform services in—and taxes are appropriately charged, our policy is to pay the appropriate tax to your company
- If you indicate your company is **not** registered in a particular state where you ship product to or perform services in—and taxes are **not** charged by your company, our policy is to accrue and remit the taxes, if appropriate
- If you do not complete the attached questionnaire and/or fail to return it as requested prior to invoicing, we will assume your company is **not** registered to collect sales/use tax, and our policy is to accrue and remit the taxes, if appropriate

For questions related to the completion of this form, please contact your company's Accounts Receivable or Tax Department.

State		<input checked="" type="checkbox"/>	Registration #
Alabama	AL		
Alaska	AK		
Arizona	AZ		
Arkansas	AR		
California	CA		
Colorado	CO		
Connecticut	CT		
Delaware	DE		
District of Columbia	DC		
Florida	FL		
Georgia	GA		
Hawaii	HI		
Idaho	ID		
Illinois	IL		
Indiana	IN		
Iowa	IA		
Kansas	KS		
Kentucky	KY		
Louisiana	LA		
Maine	ME		
Maryland	MD		
Massachusetts	MA		
Michigan	MI		
Minnesota	MN		
Mississippi	MS		

State		<input checked="" type="checkbox"/>	Registration #
Missouri	MO		
Montana	MT		
Nebraska	NE		
Nevada	NV		
New Hampshire	NH		
New Jersey	NJ		
New Mexico	NM		
New York	NY		
North Carolina	NC		
North Dakota	ND		
Ohio	OH		
Oklahoma	OK		
Pennsylvania	PA		
Rhode Island	RI		
South Carolina	SC		
South Dakota	SD		
Tennessee	TN		
Texas	TX		
Utah	UT		
Vermont	VT		
Virginia	VA		
Washington	WA		
West Virginia	WV		
Wisconsin	WI		
Wyoming	WY		

Not Registered in any State

Under penalties of perjury, I certify that the information on this form is true and correct.

Date _____ Printed Name _____

Signature **X** _____ Title _____
(Owner, Partner or Corporate Officer)

Phone _____ Fax _____ e-Mail _____



Transaction Automation

Disney Use Only

ID#

Electronic Transactions

Disney has contracted with Ariba (NASDAQ: ARBA—www.ariba.com) to provide a technology solution for electronic transactions—Purchase Orders and Invoices—that integrate directly with Disney’s SAP system. These electronic transactions utilize the Ariba Supplier Network (ASN) to connect Disney with its Suppliers. The use of the ASN is at Disney’s discretion, based on the types of transactions we do with your company.

Registration on the Ariba Network is required, but does not assure your use of the Network or complete your Disney setup. If your company is chosen to use the ASN, you will receive e-Mail notification once your account is activated.

Electronic transactions are beneficial to both Disney and its Suppliers

- Purchase Orders—Suppliers select the method they wish to use to receive Purchase Orders—via a website, Fax, e-Mail, or integrated with an order entry system
- Invoicing—Purchase Orders can be “flipped” into Invoices or Invoices can be created and sent to Disney electronically—eliminating paper documents and associated handling/postage costs
- Status—Suppliers have online visibility to current Invoice and payment status and remittance information
- Dynamic Discounting—An optional arrangement where a Supplier receives accelerated payments in exchange for providing Disney a negotiated discount
- Consistency—One way to do business across all Disney Business Units

To self-register for an Ariba Network account:

- Go to <https://supplier.ariba.com>
- Click on the “Register as New Supplier” Link
- Complete the information required, and click on the “Submit” button

Note: A yearly Supplier membership fee may be associated with ASN use. The fee structure is based on annual Invoice volume. Complete details and requirements of the ASN Supplier membership program may be found at: <http://ariba.com/suppliermembership>.

Ariba Network ID (ANID) _____ New Account Existing Account

Company Name _____
(As it appears on the Ariba Network)

Direct Deposit/ACH

ACH payment distribution is required unless contractual obligations specify check payment.

Completing the information below authorizes Disney Worldwide Shared Services to make ACH Payments.

Supplier Name: _____ Bank Name: _____

Bank Address: _____ City: _____ State: _____ Zip: _____

9-Digit ABA Routing #: _____ Account #: _____ Checking Savings

Supplier is responsible for notifying Disney Worldwide Shared Services Accounts Payable of any account changes, in writing via Fax at: 407-938-4102 or e-Mail at: DWS.A-P.Vendor.Setups@disney.com. Disney Worldwide Shared Services shall be entitled to rely on the authorization herein until it receives 60 days written notice of any change from the Supplier.

We do not have the capability for Direct Deposit.

The above ACH Payment instructions are authorized (unless declined above) and the terms and conditions stated in this agreement are accepted by:

Signature **X** _____ Title: _____ Date _____

Printed Name: _____ Remit e-Mail Address: _____

Disney Business Unit Use Only

If the Ariba Supplier Network will not be an effective solution, please indicate an alternative and the reason:

Solution: Front of House/ISTRAT ERS Upload Other _____

Reason: Retainage/Deposit Required Multiple Delivery Address Limit POs w/ Unknown Acct. Assignment



Supplier Ownership Information

Disney Use Only

ID#

The Walt Disney Company, its affiliates and subsidiaries are committed to making diverse business enterprises an important part of our sourcing and procurement activities.

The information collected below allows us to track our certified (or "qualified") diverse Suppliers.

Supplier Name _____ Date _____

Is the company a publicly-owned business in which at least 51% of the stock is owned by:

Minority Group Members Yes No Women Yes No Decline to Answer

Is the company a subsidiary which is wholly owned by a parent corporation, but only if at least 51% of the voting stock of the parent corporation is owned by:

Minority Group Members Yes No Women Yes No Decline to Answer

Is the company a joint venture in which at least 51% of the joint venture's management and control ("management" means those persons actively involved in the day-to-day management of the business and not merely holding the designation of officers or directors, and "control" means exercising the power to make policy decisions) and earnings are held by:

Minority Group Members Yes No Women Yes No Decline to Answer

Is the company a business in which the management and control the daily operations is done by:

Minority Group Members Yes No Women Yes No Decline to Answer

Is the company a sole proprietorship at least 51% owned by:

Minority Group Members Yes No Women Yes No Decline to Answer

Please indicate Minority Group Members:

Asian Pacific American—A person with origins in Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia, Vietnam, Korea, The Philippines, U.S. Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated State of Micronesia, the Commonwealth of the North Mariana Islands, Guam, Samoa, Macao, Fiji, Tonga, Kiribati, Tuvalu, or Nauru

Subcontinent Asian American—A person with origins in India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal

Hispanic or Latino American—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

Native Hawaiian or Other Pacific Islander—A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

American Indian or Alaska Native—A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment

Black or African American—A person having origins in any of the black racial groups of Africa