STATE OF CALIFORNIA

STANDARD AGREEMENT

STD 213 (Rev 06/03)

AGREEMENT NUMBER
C0600179
REGISTRATION NUMBER

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME

Franchise Tax Board

CONTRACTOR'S NAME

City of Sacramento

2. The term of this Agreement is: April 1, 2007 through June 30, 2007

3. The maximum amount of this Agreement is: $ 16,000.00 SIXTEEN THOUSAND AND NO/100 DOLLARS

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

Exhibit A – Scope of Work	1 page
Exhibit B – Budget Detail and Payment Provisions	1 page
Exhibit C* – General Terms and Conditions	GTC306
Exhibit D - Special Terms and Conditions	2 pages
Exhibit E – Record Format Specifications	3 pages

Items shown with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at www.ols.dgs.ca.gov/Standard+Language/default.htm

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		*California Department of General Services Use Only*
CONTRACTOR'S NAME *(if other than an individual, state whether a corporation, partnership, etc.)* **City of Sacramento**		
BY *(Authorized Signature)*	DATE SIGNED *(Do not type)*	
PRINTED NAME AND TITLE OF PERSON SIGNING		
ADDRESS 915 I Street, Sacramento, CA 95814		
STATE OF CALIFORNIA		
AGENCY NAME Franchise Tax Board		
BY *(Authorized Signature)*	DATE SIGNED *(Do not type)*	
PRINTED NAME AND TITLE OF PERSON SIGNING Titus S. Toyama, Chief Financial Officer		☒ Exempt per: SCM 4.04.5.b.
ADDRESS P.O. Box 2086, Rancho Cordova, CA 95741-2086		

EXHIBIT A

SCOPE OF WORK

This Agreement is entered into by and between the Franchise Tax Board, herein referred to as (FTB) and the City of Sacramento, herein after referred to as the City.

1. The City agrees to provide the Franchise Tax Board (FTB) with tax information, per Exhibit E, Record Format Specifications, which shall include but not limited to the following:

   a. Business name
   b. Business address
   c. Identification number
      (Federal employer identification number if the business is a partnership or corporation)
      (Owners name and social security for all others)
   d. Type of business activity

2. Information may be submitted on standard CD-Rom or through a secure electronic connection in ASCII format, tab or comma delimited, per Exhibit E.

3. The records will be sent to the FTB project coordinator, Erica Gonzales no later than May 1, 2007.

4. The information obtained under this agreement will be used solely for the purpose of administration of tax and other non-tax programs that FTB administers as set forth and provided by the California Revenue and Taxation Code Section 19504.

5. Optional: With an executed Local Government Sharing Agreement for tax year 2006, the FTB will match the City Business Tax data received against records in the FTB Taxpayer Information (TI) System and Business Entity Tax System (BETS). Pursuant to the Revenue and Taxation Code Section 19551.1 and as stated by the Local Government Sharing Program Agreement, FTB will provide the City the following records for taxpayers within the City's jurisdiction who do not have a business license record per the data received from the City:

   a. Taxpayer name
   b. Taxpayer address
   c. Taxpayer social security number or identification number
   d. Principal business activity code

   The information provided by FTB to the City will be used exclusively to administer the city business tax program established by the City. The City agrees that information obtained under this Agreement will not be reproduced, published, sold or released in original or in any other form for any purpose. See Local Government Sharing Agreement Terms and Conditions.

EXHIBIT A

SCOPE OF WORK

6. The project coordinators during the term of this Agreement will be:

Franchise Tax Board
Erica Gonzales
Data Resources and Services Section
P.O. Box 1468, Mailstop A 181
Sacramento, CA 95812-1468
Phone: (916) 845-6556
Fax: (916) 845-0412

City of Sacramento
Walker Black
Revenue Division
915 I Street
Sacramento, CA 95814
Phone:

Direct all agreement inquiries to:

Franchise Tax Board
Business Acquisitions Unit
Attention: Roshni Caswell
P.O. Box 2086, Mailstop A 374
Rancho Cordova, CA 95741-2086
Phone: (916) 845-3700
Fax: (916) 845-3599

EXHIBIT B

BUDGET DETAIL AND PAYMENT PROVISION

1. PAYMENT: The FTB agrees to pay the City, not to exceed, $16,000.00 for City Business Tax data. Upon receipt of the Agreement executed by the City, a usable file in the specified format, and a detailed invoice, the FTB agrees to remit payment for the cost incurred to the City in providing the data, based on the terms of this agreement.

2. INVOICING: The City shall render an invoice in triplicate to the FTB project coordinator or to:

   Franchise Tax Board
   Fiscal Accounting
   P. O. Box 2800
   Sacramento, CA 95812-2800

3. BUDGET CONTINGENCY CLAUSE: It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this Agreement and Contractor shall not be obligated to perform any provisions of this Agreement.

   If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either: cancel this Agreement with no liability occurring to the State, or offer an Agreement Amendment to Contractor to reflect the reduced amount.

4. PROMPT PAYMENT CLAUSE: Payment will be made in accordance with and within the time specified in Government Code, Chapter 4.5 (commencing with Section 927).

EXHIBIT D

SPECIAL TERMS AND CONDITIONS

1. STATEMENT OF CONFIDENTIALITY: The Franchise Tax Board has tax return information and other data in its custody, which is confidential data. Unauthorized inspection or disclosure of state tax return information or other confidential data is a misdemeanor (Revenue and Taxation Code Section 19542 and 19542.1,). Unauthorized inspection or disclosure of confidential data that includes Federal returns and other data is a felony (Sections 7213(a)(1) and 7213A(a)(1)(B) Internal Revenue code).

2. USE OF INFORMATION: The FTB agrees that the information furnished or secured pursuant to this Agreement shall be used solely for the purposes described by this Agreement. The information obtained shall be used for tax administrative and non-tax programs that FTB administers and may be shared with other state taxing agencies as authorized by law, including the Department of Child Support Services. The FTB and the City further agree that information obtained under this Agreement will not be reproduced, published, sold or released in original or in any other form for any purpose other than identified in this Agreement or as authorized by law.

3. EMPLOYEE ACCESS TO INFORMATION: The FTB and the City agree that the information obtained will be kept in the strictest confidence and shall make information available to its own employees only on a "need to know" basis. The "need to know" standard is met by authorized employees who need information to perform their official duties in connection with the uses of the information authorized by this Agreement. The FTB and the City recognize their responsibilities to protect the confidentiality of this information as provided by law and ensures such information is disclosed only to those individuals and of such purpose, as authorized by the Revenue and Taxation Code.

4. DESTRUCTION OF RECORDS: All records received by the FTB from the City and any database(s) created, copies made, or files attributed to the records received will be destroyed when they are no longer needed for the business purpose for which they were obtained. The records shall be destroyed in a manner to be deemed unusable or readable and to the extent that an individual record can no longer be reasonably ascertained.

5. CANCELLATION: The FTB may terminate this Agreement, in writing to the City for any reason, upon thirty days (30) prior written notice. This Agreement may be terminated by either party in the event of any breach of the terms of this Agreement.

6. POTENTIAL SUBCONTRACTORS: Nothing contained in this Agreement or otherwise shall create any contractual relation between the State and any subcontractors, and no subcontract shall relieve the City of its responsibilities and obligations hereunder. The City agrees to be as fully responsible to the State for the acts and omissions of the City's subcontractors and of persons either directly or indirectly employed by any of them as it is for the acts and omissions of persons directly employed by the City. The City's obligation to pay its subcontractors is an independent obligation from the State's obligation to make payments to the City. As a result, the State shall have no obligation to pay or to see the payment of any monies to any subcontractor.

EXHIBIT E

RECORD FORMAT SPECIFICATIONS

PART III - CITY BUSINESS TAX RECORD FORMAT SPECIFICATIONS

Data Element Name	Start Pos.	End Pos.	Field Size	Usage	Description
SOCIAL SECURITY NUMBER (SSN)	1	9	9	N	9 digits. Must be present unless FEIN, SEIN or BEAN is provided.
FEDERAL EMPLOYER ID NUMBER (FEIN)	10	18	9	N	9 digits. Must be present unless SSN, SEIN or BEAN is provided.
STATE EMPLOYER ID NUMBER (SEIN)	19	25	7	N	7 digits. Must be present unless SSN, FEIN or BEAN is provided.
BOARD OF EQUALIZATION ACCOUNT NUMBER (BEAN)	26	38	13	AN	13 digit/alpha combination. Must be present unless SSN, FEIN, or SEIN is provided.
STATE CONTRACTORS LICENSE NUMBER	39	44	6	N	6 digits. Zero fill if not available.
OWNERSHIP TYPE	45	45	1	A	Must be present: S = Sole Proprietorship, P = Partnership, C = Corporation, T = Trust.
OWNERS LAST NAME**	46	60	15	AN	Must be present if Ownership Type in position 45 = S.
OWNERS FIRST NAME**	61	71	11	AN	Must be present if Ownership Type in position 45 = S.
OWNERS MIDDLE INITIAL**	72	72	1	AN	May be blank.
OWNERS ADDRESS:					Optional. The address of the corporate home office, general partner in case of a partnership, or the residence of the owner of a sole proprietorship.
Number & Street	73	105	33	AN	
City	106	117	12	A	
State	118	119	2	A	Enter standard state abbreviation.
ZIP Code	120	128	9	N	Do not hyphenate. Zero fill ZIP extension if unknown.

EXHIBIT E

Data Element Name	Start Pos.	End Pos.	Field Size	Usage*	Description
BUSINESS NAME	129	161	33	AN	Must be present only if business is operating under a fictitious name (DBA).
BUSINESS ADDRESS (number & street only)	162	194	33	AN	Address of the business location. May be blank if same as mailing address. In care of (c/o) names must not be reported.
MAILING ADDRESS					
Number & Street	195	227	33	AN	Must be present.
City	228	239	12	A	Must be present.
State	240	241	2	A	Enter standard state abbreviation.
ZIP Code	242	250	9	N	Do not hyphenate. Zero fill zip extension if unknown
AMOUNT OF TAX	251	257	7	N	Total tax assessed during the reporting period. Dollars only. Zero fill if gross receipts are reported. Right justify.
ASSESSMENT BASIS	258	258	1	A	Current assessment basis. F = Flat Rate; G = Gross Receipts; P = Payroll; X = other.
GROSS RECEIPTS**	259	267	9	N	Total gross receipts during the reporting period. Dollars only. Low value if reported within a range. Zero fill if not indicated. Right justify.
BUSINESS START DATE	268	273	6	N	Enter month, day, year (MMDDYY) if start date is in the current reporting period. Otherwise, zero fill.
BUSINESS CEASE DATE	274	279	6	N	Enter month, day, year (MMDDYY) if out of business or ownership change in current period. Zero fill if not known, no ownership change or not out of business during current period.

EXHIBIT E

Data Element Name	Start Pos.	End Pos.	Field Size	Usage*	Description
STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC)	280	283	4	N	Enter a 2 – 4 digit SIC code (4 digit preferred). Left justify (example 9900). A SIC must be present unless BCC is provided.
BUSINESS CLASSIFICATION CODE (BCC)	284	287	4	AN	Enter 4 digit BCC. Must be present unless SIC is provided. Left justify (example 1230). No special characters.
FREQUENCY OF LICENSE RENEWAL	288	288	1	A	Value: A = Annual (calendar year basis), F = Fiscal (fiscal year basis), Q = Quarterly, S = Semiannually, M = Monthly, W = Weekly, D = Daily
REPORT PERIOD END DATE	289	294	6	N	Enter month, day, year (MMDDYY). Data submitted will be for preceding 12 month period.
CITY BUSINESS TAX NUMBER	295	297	3	N	Enter 3 digit number assigned by FTB.
FILLER	298	300	3	A	Enter blanks.

* Key: A = Alpha, N = Numeric, AN = Alphanumeric.

** When position 258 = P, the total payroll amount may be reported.

Note: All alpha characters must be submitted in uppercase only.