



The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields marked with an asterisk (*) are required. Hover over fields to view help information. Please print the form to sign prior to submittal. You may email the form to: vendors@fiscal.ca.gov, or fax it to (916) 576-5200, or mail it to the address above.

Principal Government Agency Name*	<input type="text" value="County of Humboldt"/>		
Remit-To Address (Street or PO Box)*	<input type="text" value="825 5th Street"/>		
City*	<input type="text" value="Eureka"/>	State *	<input type="text" value="CA"/>
		Zip Code*+4	<input type="text" value="95501"/>
Government Type:	<input type="checkbox"/> City	<input checked="" type="checkbox"/> County	Federal Employer Identification Number (FEIN)*
	<input type="checkbox"/> Special District	<input type="checkbox"/> Federal	<input type="text" value="94-6000513"/>
	<input type="checkbox"/> Other (Specify)	<input type="text"/>	

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

Dept/Division/Unit Name	<input type="text" value="Department of Health & Human Ser"/>	Complete Address	<input type="text" value="507 F Street, Eureka, CA 95501"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>

Contact Person*	<input type="text" value="Trevis Green"/>	Title	<input type="text" value="Deputy Director of Finance"/>
Phone number*	<input type="text" value="707-441-5400"/>	E-mail address	<input type="text" value="tgreen@co.humboldt.ca.us"/>
Signature*	<input type="text" value="Handwritten signature"/>	Date	<input type="text" value="11/2/21"/>