

GOVERNMENT AGENCY TAXPAYER ID FORM

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 bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: GovSuppliers@cdph.ca.gov or fax it to (916) 650-0110, or mail it to the address above.

Principal
Government
Agency Name

Remit-To
Address (Street
or PO Box)

City:

State:

Zip Code+4:

Government
Type:

☐ City

☐ County

☐ Special District

☐ Federal

☐ Other (Specify)

Federal
Employer
Identification
Number
(FEIN)

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.

FI\$Cal ID#
(if known)

Dept/Division/Unit
Name

Complete
Address

FI\$Cal ID#
(if known)

Dept/Division/Unit
Name

Complete
Address

FI\$Cal ID#
(if known)

Dept/Division/Unit
Name

Complete
Address

FI\$Cal ID#
(if known)

Dept/Division/Unit
Name

Complete
Address

Contact Person

Title

Phone number

E-mail address

Signature

Date