



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. 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:

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.

Dept/Division/Unit Name:  Complete Address:

Dept/Division/Unit Name:  Complete Address:

Dept/Division/Unit Name:  Complete Address:

Dept/Division/Unit Name:  Complete Address:

Contact Person:  Title:

Phone number:  E-mail address:

Signature:  Date: