State of California
Financial Information System for California (FI\$Cal)

## **GOVERNMENT AGENCY TAXPAYER ID FORM**

2000 Evergreen Street, Suite 215 Sacramento, CA 95815 www.fiscal.ca.gov 1-855-347-2250

Signature



Date

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 Federal **Employer** Special District Federal Identification Number Other (Specify) (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 Complete Name Address Dept/Division/Unit Complete Address Name Dept/Division/Unit Complete Address Name Dept/Division/Unit Complete Name Address Contact Person Title E-mail address Phone number