

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



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*

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 | <input type="text"/> | Complete Address | <input type="text"/> |
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| 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* Title

Phone number* E-mail address

Signature* Date