

## 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](mailto:GovSuppliers@cdph.ca.gov) or fax it to (916) 650-0100, 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:	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Special District <input type="checkbox"/> Federal <input type="checkbox"/> Other (Specify) <input style="width: 150px; height: 15px;" type="text"/>	Federal Employer Identification Number (FEIN) <input style="width: 100px; height: 15px;" 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.

FI\$Cal ID# <small>(if known)</small>	Dept/Division/Unit Name	Complete Address

Contact Person	<input style="width: 90%; height: 15px;" type="text"/>	Title	<input style="width: 90%; height: 15px;" type="text"/>	
Phone number	<input style="width: 150px; height: 15px;" type="text"/>	E-mail address	<input style="width: 250px; height: 15px;" type="text"/>	
Signature	<input style="width: 450px; height: 15px;" type="text"/>		Date	<input style="width: 50px; height: 15px;" type="text"/>