

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 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	<input type="text"/>		
Remit-To Address (Street or PO Box)	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code+4	<input type="text"/>
Government Type:	<input type="checkbox"/> City	<input type="checkbox"/> County	Federal Employer Identification Number (FEIN) <input type="text"/>
	<input type="checkbox"/> Special District	<input type="checkbox"/> Federal	
	<input type="checkbox"/> Other (Specify)	<input 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.

Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
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	<input type="text"/>	Title	<input type="text"/>
Phone number	<input type="text"/>	E-mail address	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>