

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* County of Siskiyou

Remit-To Address (Street or PO Box)* 1312 Fairlane Road

City* Yreka State * CA Zip Code*+4 96097

Government Type: [] City [x] County [] Special District [] Federal [] Other (Specify) [] Federal Employer Identification Number (FEIN)* 94-6000537

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.

Table with 4 rows and 2 columns: Dept/Division/Unit Name, Complete Address

Contact Person* Elizabeth Nielsen Title Deputy County Administrator

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Signature* Elizabeth Nielsen Date 12/28/2022