



City of Thousand Oaks

FINANCE DEPARTMENT

WE ARE UNABLE TO PAY ANY INVOICES WITHOUT THIS INFORMATION

Dear Vendor:

The Tax Equity and Fiscal Responsibility Act of 1982 (IRS Code Section 6041) requires that you furnish us with your Social Security or Federal Tax Identification number so that we can comply with reporting requirements for the payment made to you.

You may be exempt from these reporting requirements but failure to provide the required information may result in penalties under IRS Revenue Code Section 6676. Further, the law requires that we withhold 31% of the payments due you if you do not furnish your Tax Identification or Social Security Number.

Please complete the lower portion of this form and return it to our office as soon as possible.

Sincerely,


John F. Adams
Finance Director

PLEASE PRINT THE FOLLOWING INFORMATION

Vendor Name: _____ Owner's Name: _____

Remit/Payment Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ (800) _____ FAX: () _____

Social Security Number: _____ or Federal Tax Identification: _____

Corporation Partnership Non-Profit Organization

Federal, State or
Local Government Proprietorship Individual

Indicate type of business:

Landlord Health Care Other: _____

Real Estate Organization

Authorized Signature: _____

Typed or Printed Name: _____ Date: _____