



# 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: \_\_\_\_\_