

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 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 Lake		
Remit-To Address (Street or PO Box)*	255 North Forbes Street		
City*	Lakeport	State *	CA Zip Code*+4 95453
Government Type:	<input type="checkbox"/> City	<input checked="" type="checkbox"/> County	Federal Employer Identification Number (FEIN)*
	<input type="checkbox"/> Special District	<input type="checkbox"/> Federal	94-6000825
	<input type="checkbox"/> Other (Specify)		

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	Lake County Dept. of Social Services	Complete Address	P.O. Box 9000 Lower Lake, CA 95457
Dept/Division/Unit Name		Complete Address	
Dept/Division/Unit Name		Complete Address	
Dept/Division/Unit Name		Complete Address	

Contact Person*	Rachael Dillman Parsons	Title	Director
Phone number*	707 995-4290	E-mail address	Rachael.DillmanParsons@lakecountyca.gov
Signature*		Date	09/12/2025