

CITY of SAN CARLOS

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VENDOR INFORMATION QUESTIONNAIRE

We are required by the Internal Revenue Service and State Franchise Tax Board to have certain information on file regarding the status of your company for 1099 reporting purposes. **Please complete this questionnaire or a completed W-9 form and return as soon as possible.** A delay in providing the requested information may cause a delay in payment of your bill. If we do not receive this information within **10** working days or if we are advised by the IRS and/or State that the data is incorrect, we are required to retain a "Backup Withholding" of **28%** for the IRS and **7%** for the State on all payments to your firm.

Name, address, phone and fax of Company:		
GURUS EDUCATION SERVICES	Remit Address: 42808 CHR	RISTY STREET SUITE 122
42808 CHRISTY STREET SUITE 122	FREMONT CA 94538	
FREMONT CA 94538 510-573-2497	Terms:	
Check one type of Business Entity:		
*Corporation <a> 	*Sole Proprietorship OR *Partnership	
Federal Tax Identification No. (FEIN):	Name of Owner(s): RITU KHURANA	Social Security Number:
	Employer Identification No.:	45-4255717
If in San Carlos, Business Registration number		
If you're interested in receiveing payments through information and return with a copy of a voided		
Bank ABA Transit Routing #:		<u> </u>
Name of Financial Institution:		
Bank Account Number:	Checking O	Savings
I hereby authorize the City of San Carlos to initial institution is authorized to credit and/or correct the until either I revoke it by giving 10 days prior wr	ne amount to my account. This author	rity is to remain in full force and effect
Under penalties of perjury, I certify that the infor knowledge.	÷	correct and complete to the best of my
knowledge. Kluurau Signature	Date 03/01	/2016

Business Owner/Partner/Corporate Officer