

June 3, 2022



310 320-3457 fax  
Torrance – IT Production Unit

\*\*\* Vendor Request Form \*\*\*

** Please Tab through fields....DO NOT USE the Enter key **									
TYPE : ADDITIONAL		Use this address for 1099 :		<input checked="" type="checkbox"/> YES <input type="checkbox"/> no		Click box for : <input type="checkbox"/> Recovery <input type="checkbox"/> Refund <input type="checkbox"/> Post Payment			
<b>VENDOR INFORMATION</b>									
Firm1: (1099 Name)		Cicalese & Johnson, LLP							
Firm2:		Name Title, First Name or Business Name – <b>Name on Income Tax Return – TNM Name match</b>							
Phone:		( )		Fax Phone:		( )			
Address:		45915 Oasis Street							
		Street Address						Suite #	
		Indio						CA	
		City						State	
SSN or EIN :		32-0673501		W9 Date :		3/14/2022		NPI :	
Vendor Type :		Applicant Attorney		Vendor Specialty :		choose from list A choose from list B			
<b>CHANGES / OTHER INFORMATION</b>									
Change Address?		If yes – Old Address :							
Change IRS#?		If yes – Old IRS# :							
Change Name?		If yes – Old Name :							
Other – Please Specify :									
Pay to:									
If different from Firm1 Firm 2 name above – special instructions on how want check made out to - IT to create another vendor id to use for payments									
<b>OFFICE INFORMATION</b>									
FROM :		Teshawna Seger							
OFFICE :		RIVERSIDE							
CLAIM # :		543616				CLAIMANT :		Debra Rodriguez	
APPROVAL SIGNATURE:		<i>George Gbarra</i>							
<b>IT USE ONLY</b>									
IT OPERATOR :									
IT INPUT DATE :									
VENDOR ID :									
TNM DATE :						TNM CODE :			