



FAX NUMBER: (310) 794-8513

UCLA Accounts Payable Office,  
Attn: Shirley Sams  
10920 Wilshire Blvd., 5<sup>th</sup> Floor  
Los Angeles, CA 90024

## DUPLICATE 592B - UCLA Tax Request Form

Name: \_\_\_\_\_ Social Security# \_\_\_\_\_

Signature: \_\_\_\_\_

### COMPANY VENDORS ONLY:

Company Name: \_\_\_\_\_ Federal ID# \_\_\_\_\_

Contact Person: \_\_\_\_\_

### For All Requests please fill in:

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address For Confirmation Only: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE SEND THE FORM(S) TO:

- Mail form(s) to address above
- Fax form(s) to fax# above

### **Instructions:**

1. Complete Form.
2. Mail form to above address or FAX to number above to the attention of Shirley Sams.
3. Include a copy of your photo ID with the request form.

\*\*\*\*\*Forms Requested will be mailed or faxed within 7 business days\*\*\*\*\*