

Section 1 – Payee Information**NAME** (This is required. Do not leave this line blank. Must match the payee's federal tax return)

California Public-Safety Radio Association, Inc.

BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME (If different from above)

Southern California APCO

MAILING ADDRESS (number, street, apt. or suite no.) (See instructions on Page 2)

231 E. Alessandrdo Blvd., Suite # 6A287

CITY, STATE, ZIP CODE

Riverside, California 92508

E-MAIL ADDRESS

Treasurer@cpra.org

Section 2 – Entity Type

Check one (1) box only that matches the entity type of the Payee listed in Section 1 above. (See instructions on page 2)

SOLE PROPRIETOR / INDIVIDUAL
 SINGLE MEMBER LLC Disregarded Entity owned by an individual
 PARTNERSHIP
 ESTATE OR TRUST

CORPORATION (see instructions on page 2)
 MEDICAL (e.g., dentistry, chiropractic, etc.)
 LEGAL (e.g., attorney services)
 EXEMPT (e.g., nonprofit)
 ALL OTHERS

Section 3 – Tax Identification Number

Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must match the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. **Note:** Payment will not be processed without a TIN.

- For **Individuals**, enter SSN.
- If you are a **Resident Alien**, and you do not have and are not eligible to get an SSN, enter your ITIN.
- Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.
- For **Sole Proprietor or Single Member LLC (disregarded entity)**, in which the sole member is an individual, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).
- For **Single Member LLC (disregarded entity)**, in which the sole member is a business entity, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.
- For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

Social Security Number (SSN) or Individual Tax Identification Number (ITIN)

_____ - _____ - _____

OR**Federal Employer Identification Number (FEIN)**

9 5 - 4 2 3 4 7 0 0

Section 4 – Payee Residency Status (See instructions) **CALIFORNIA RESIDENT** – Qualified to do business in California or maintains a permanent place of business in California. **CALIFORNIA NONRESIDENT** – Payments to nonresidents for services may be subject to state income tax withholding.

No services performed in California
 Copy of Franchise Tax Board waiver of state withholding is attached.

Section 5 – Certification*I hereby certify under penalty of perjury that the information provided on this document is true and correct.**Should my residency status change, I will promptly notify the state agency below.***NAME OF AUTHORIZED PAYEE REPRESENTATIVE**

John W. Wright

TITLE

Treasurer / CFO

E-MAIL ADDRESS

Treasurer@cpra.org

SIGNATURE**DATE**

1/1/2026

TELEPHONE (include area code)

951-905-2746

Section 6 – Paying State Agency

Please return completed form to:

STATE AGENCY/DEPARTMENT OFFICE**UNIT/SECTION****MAILING ADDRESS****FAX****TELEPHONE** (include area code)**CITY****STATE****ZIP CODE****E-MAIL ADDRESS**