
(Applicable for UCLA, UCOP & UC Merced)

INDIVIDUALS:

Name: _____ Social Security#: _____

Signature: _____ Tax Year: _____

COMPANY VENDORS:

Company Name: _____ Federal ID#: _____

Contact Person: _____ Tax Year: _____

For All Requests Please Complete Below:

Phone # _____ Fax # _____

Email Address For Confirmation Only: _____

Mailing Address: _____

CHECK REQUESTED FORM(S):

- Duplicate copy of 592B
- Correction to 592B form (Corrections will generate a call back)

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

NOTE: Mailing or faxing forms require a photo ID along with the request form.
Forms are mailed or faxed within 7 business days

FAX OR MAIL REQUEST TO:
UCLA ACCOUNTS PAYABLE OFFICE
ATTN: SHIRLEY SAMS
10920 Wilshire Blvd, 5th Floor
Los Angeles CA 90024-6502
Fax: (310) 794-8513