

Section 1 - Payee Information

NAME (This is required. Do not leave this line blank. Must match the payee's federal tax return)
 Faisal Batcher

BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME (if different from above)
 Needi Scrubs Corporation

MAILING ADDRESS (number, street, apt. or suite no.) (See instructions on Page 2)
 68845 Perez Rd Ste H 19

CITY, STATE, ZIP CODE
 Cathedral City, CA 92234

E-MAIL ADDRESS
 sales@needisupply.com

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)

<input type="checkbox"/> SOLE PROPRIETOR / INDIVIDUAL	<input type="checkbox"/> CORPORATION (see instructions on page 2)
<input type="checkbox"/> SINGLE MEMBER LLC Disregarded Entity owned by an individual	<input type="checkbox"/> MEDICAL (e.g. dentistry, chiropractic, etc.)
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LEGAL (e.g. attorney services)
<input type="checkbox"/> ESTATE OR TRUST	<input type="checkbox"/> EXEMPT (e.g. nonprofit)
	<input checked="" type="checkbox"/> 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)
 46-2724713

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 Faisal Batcher	TITLE President	E-MAIL ADDRESS sales@needisupply.com
SIGNATURE 	DATE 12/23/21	TELEPHONE (include area code) 760-296-3590

Section 6 - Paying State Agency

Please return completed form to:

STATE AGENCY/DEPARTMENT OFFICE Department of General Services	UNIT/SECTION CMAS	
MAILING ADDRESS 707 Third Street, Second Floor	FAX	TELEPHONE (include area code) (916) 375-4365
CITY West Sacramento	STATE CA	ZIP CODE 95605
E-MAIL ADDRESS cmas@dgs.ca.gov		