



IBEW LOCAL 595
6250 Village Parkway
Dublin, CA 94568
(925) 556-0595

Tax ID Form Request

Date: _____

We need your tax identification number in order to process payment of above invoice. Please fill up your EIN or Tax Payer ID number on this form and return to IBEW Local Union 595 at your earliest for prompt payment of invoice. A self address envelope is enclosed for your convenience.

EIN/SSN: _____

Company: _____

Address: _____

Address: _____

Thank you for your cooperation.

IBEW Local Union 595
Accounting Dept.