



# **The County of El Dorado**

## **Risk Management Division**

*"Together Providing Risk Management Solutions"*

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330 Fair Lane, Placerville, CA 95667  
Phone 530.621.6520 Fax 530.295.2593

### Filing a Claim Against the County of El Dorado

Enclosed are a Liability Claim Form and a Payee Data Record for your use in filing a claim against the County of El Dorado. You must submit these forms by mail, or in person, with The Clerk of the Board of Supervisors, 330 Fair Lane, Placerville, CA 95667 within the time limits prescribed by Government Code Section 911.2 which states:

“A claim relating to a cause of action for death or for injury to person or to personal property or growing crops shall be presented as provided in Article 2 (Commencing with Section 915) of this chapter not later than six months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented as provided in Article 2 (commencing with Section 915) of this chapter not later than one year after the accrual of the cause of action.”

If you are filing your claim after the six month filing period, you must explain to the County your reason(s) for the delay. This is called an Application for Leave to Present a Late Claim (see Government Code Section 911.4). There is no application form. The application is made in the form of a letter with the proposed claim attached. The County will consider the application in accordance with Government Code Section 911.6 and will consider the merits of the claim only if the Application for Leave to Present a Late Claim has been accepted. The application is deemed denied by operation of law 45 days after its presentation without further notice unless the County chooses to send formal notice of denial prior to that time.

The claim form is designed to help you satisfy the content requirement of Government Code section 910. If the information supplied on the claim form is incomplete or does not meet the legal requirements, it may be returned without action as insufficient (Government Code section 910.8). The County will report any payment made on a claim on an IRS form 1099-MISC. No payment will be made without the information furnished on the Payee Data Record. Disposition of the claim will rely solely on its merits and the furnishing of any form or other information will not ensure payment.

If you are insured against the particular type of damage you are claiming, your carrier should be notified of the damage as soon as possible in order to protect your right to recover under your insurance policy. Similarly, all alternative sources of recovery, such as disaster or other relief and assistance funds should be applied for without delay because of limited filing periods.

The referral of your complaint to Risk Management or the Board of Supervisors by any other County division or department, the furnishing of a claim form by the County, or the County's acceptance of a filed claim is not an admission of liability on the part of the County or County employees.

# LIABILITY CLAIM FORM

## RETURN SIGNED CLAIM FORM TO:

Clerk of the Board  
County of El Dorado  
330 Fair Lane  
Placerville, CA 95667



**DO NOT WRITE IN THIS SPACE**  
(BOARD OF SUPERVISOR'S DATE STAMP)

|                                   |   |                        |
|-----------------------------------|---|------------------------|
| <b>Name of Claimant:</b>          | <b>Claimant's Mailing Address:</b>                              |                        |
| <b>Email:</b>                     |   |                        |
| <b>Telephone (Home):</b>          |   |                        |
| <b>Telephone (Work/Cell):</b>     |   |                        |
| <b>*Social Security Number:</b>   | <b>Claimant's Physical Address:</b> (If different than mailing) |                        |
| <b>*Claimant's Date of Birth:</b> |   | <b>*Gender:</b> M    F |
| <b>Driver's License Number:</b>   |   |                        |

\*If any portion of your claim is for bodily injury, this information is required to comply with Federal Medicare Reporting Requirements. Settlement will be delayed or prevented without this information.

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| <b>Where would you like notices sent? (Include name and address if Attorney, Insurance Company or Other)</b><br>Claimant<br>Attorney<br>Insurance<br>Other |
| <b>When did Damage or Injury occur?</b><br>DATE: _____ TIME: _____ AM    PM  |
| <b>Where did Damage or Injury occur?</b>   |
| <b>How did Damage or Injury occur? (Give full details – use extra sheet if necessary)</b>  |
| <b>What particular act or omission on the part of El Dorado County employees caused the Injury or Damage?</b>  |

The County will report any payment made on this claim on an IRS form 1099-MISC. No payment will be made without the information furnished on the attached Payee Data Record. Disposition of the claim will rely solely on its merits and the furnishing of any form or other information will not ensure payment.

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CLAIM NUMBER (For Clerk's Use Only)

**What is the name of the El Dorado County employee who caused the Injury or Damage?**

**What Damage or Injury do you claim resulted?**

**Amount of this claim is:**

**Under \$10,000**

**\$10,000-\$25,000**

**Over \$25,000**

**If the amount you are claiming is under \$10,000, state the amount of the claim, including the estimated amount of any prospective injury, damage, or loss, as it may be known at this time. (Explain your calculation and attach bills or documents.)**

**Other Details?**

**Names and Addresses of Witnesses, Doctors and/or Hospitals:**

**Claimant's Signature:**

**Date:**

**Take Notice:**

**Section 72 of the Penal Code provides:**

**"Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable... as a felony."**



# County of El Dorado

OFFICE OF AUDITOR-CONTROLLER

360 FAIR LANE  
 PLACERVILLE, CALIFORNIA 95667  
 Phone: (530) 621-5487 FAX: (530) 295-2535

JOE HARN, CPA  
 Auditor-Controller

BOB TOSCANO  
 Assistant Auditor-Controller

## PAYEE DATA RECORD

(Required in lieu of IRS W-9 when receiving payment from the County of El Dorado) Version: April 2014

|  |   |  |      |                       |  |        |   |                  |  |  |  |
|--|---|--|------|-----------------------|--|--------|---|------------------|--|--|--|
| <b>PAYEE DATA RECORD</b>                           | <b>INSTRUCTIONS:</b> Complete all information on this form. Sign, date, and return to the address shown at the bottom of this page. Prompt return of the <b>fully completed</b> form will prevent delays in processing payments. Information provided in this form will be used by the County of El Dorado to prepare Information Returns (Forms 1099), for withholding on payments to nonresident payees, and for reporting to the Employment Development Department (EDD).  |  |      |                       |  |        |   |                  |  |  |  |
|  | Name (as shown on your income tax return)   |  |      |                       |  |        |   |                  |  |  |  |
|  | Business name/Doing business as/Disregarded entity name, if different from above  |  |      |                       |  |        |   |                  |  |  |  |
|  | Physical address (number, street, and apt. or suite)  |  |      |                       |  |        | Remittance address (if different than physical)                       |                  |  |  |  |
|  | City, state, zip code   |  |      |                       |  |        | City, state, zip code   |                  |  |  |  |
| <b>NAME AND ADDRESS</b>                            | Phone number  |  |      | Fax number (optional) |  |        |   | Email (optional) |  |  |  |
|  | <b>Check appropriate federal tax classification</b>   |  |      |                       |  |        |   |                  |  |  |  |
|  | <input type="checkbox"/> Individual / sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Trust / estate <input type="checkbox"/> Other (see instructions) ▶ _____<br><input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation            If you are a corporation, do you provide legal or medical services? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C Corporation, S=S Corporation, P=Partnership) _____ |  |      |                       |  |        |   |                  |  |  |  |
|  | <b>NOTE: IF YOU ARE A SINGLE MEMBER LLC (DISREGARDED ENTITY), ENTER THE TAX CLASSIFICATION OF THE OWNER IDENTIFIED ON THE NAME LINE.</b>  |  |      |                       |  |        |   |                  |  |  |  |
|  | Exempt payee code (if any) – see instructions _____   |  |      |                       |  |        | Exemption from FATCA reporting code (if any) – see instructions _____ |                  |  |  |  |
| <b>FEDERAL TAX CLASSIFICATION &amp; EXEMPTIONS</b> | <b>Tax identification number (TIN)</b>  |  |      |                       |  |        |   |                  |  |  |  |
|  | Enter your TIN in the appropriate box. If you are an individual or sole proprietor, you must enter your SSN. You may choose to provide your EIN in addition to, but not instead of, the SSN. Single member LLCs (disregarded entities) must enter the TIN of the owner identified on the Name line.   |  |      |                       |  |        | Social Security Number  |                  |  |  |  |
|  |   |  |      |                       |  |        | Employer Identification Number  |                  |  |  |  |
| <b>TAX IDENTIFICATION NUMBER</b>                   | <b>Check appropriate box for residency status</b>   |  |      |                       |  |        |   |                  |  |  |  |
|  | <input type="checkbox"/> California resident / exempt from nonresident withholding – qualified to do business in California or maintains a permanent place of business in California (attach CA Form 590)<br><input type="checkbox"/> California nonresident (see instructions)   |  |      |                       |  |        |   |                  |  |  |  |
|  | <b>NOTE:</b> Payments to California <b>nonresidents</b> for services performed in California and for certain rents derived from properties located in California that exceed \$1,500 in a calendar year will be subject to 7% nonresident withholding unless you have obtained a waiver or have been approved for reduced withholding by the Franchise Tax Board. There is no withholding on payments for product and for services performed outside of California.   |  |      |                       |  |        |   |                  |  |  |  |
|  | <input type="checkbox"/> Obtained Franchise Tax Board waiver of State withholding (attach a copy if applicable)<br><input type="checkbox"/> Obtained Franchise Tax Board approval for reduced withholding (attach a copy if applicable)   |  |      |                       |  |        |   |                  |  |  |  |
| <b>RESIDENCY STATUS</b>                            | California sales tax permit number  |  |      |                       |  |        |   |                  |  |  |  |
|  | (required only for California nonresident vendors that charge California sales tax)   |  |      |                       |  |        |   |                  |  |  |  |
|  |   |  |      |                       |  |        |   |                  |  |  |  |
| <b>CERTIFICATION</b>                               | <b>Under penalties of perjury, I certify that:</b><br><b>1)</b> the TIN shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) <b>and</b><br><b>2)</b> I am not subject to backup withholding <b>and</b> <b>3)</b> I am a U.S. citizen or other U.S. person <b>and</b> <b>4)</b> the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.  |  |      |                       |  |        |   |                  |  |  |  |
|  | Authorized Payee Representative's Name (Type or Print)  |  |      |                       |  |        | Title   |                  |  |  |  |
|  | Signature   |  |      | Date                  |  |        | Telephone   |                  |  |  |  |
|  |   |  |      |                       |  |        |   |                  |  |  |  |
| <b>RETURN FORM TO</b>                              | Should my residency status or any other information provided above change, I will promptly notify County of El Dorado at the address listed above.  |  |      |                       |  |        |   |                  |  |  |  |
|  | Please return completed form to:  |  |      |                       |  |        |   |                  |  |  |  |
|  | Department/office:  |  |      |                       |  |        |   |                  |  |  |  |
|  | Mailing address:  |  |      |                       |  |        |   |                  |  |  |  |
| Phone:   |   |  | Fax: |                       |  | Email: |   |                  |  |  |  |

COUNTY OF EL DORADO, PAYEE DATA RECORD (REVERSE)

|  |   |
|--|---|
| <p><b>PAYEE DATA RECORD</b></p>          | <p>A completed Payee Data Record is required for payments to all entities and will be kept on file at the County of El Dorado Auditor-Controller's Office. Payees who do not wish to complete the Payee Data Record may elect to not do business with the County of El Dorado. If the payee does not complete the form and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding, California backup withholding and California nonresident withholding.</p>  |
| <p><b>FEDERAL TAX CLASSIFICATION</b></p> | <p>Check the applicable federal tax classification. Note that if an LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.</p> <p><b>Individual:</b> Enter the name shown on your income tax return. If the account is in joint names, list first, and then circle, the name of the person or entity whose SSN you entered on the form.</p> <p><b>Sole proprietor:</b> Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as" name on the "Business name/Doing business as/Disregarded entity name" line.</p> <p><b>Partnership, C Corporation, or S Corporation:</b> Enter the entity's name on the "Name" line and any business, trade, or "doing business as" name on the "Business name/Doing business as/Disregarded entity name" line.</p> <p><b>Disregarded entity:</b> Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (individual/sole proprietor, partnership, C corporation, S corporation, trust/estate).</p> <p><b>Limited liability company (LLC):</b> If the person identified on the "Name" line is an LLC, check the "Limited Liability Company" box only and enter the appropriate code for the U.S. federal tax classification.</p> <p><b>Other entities:</b> Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade or DBA name on the "Business name/Doing business as/Disregarded entity name" line.</p>   |
| <p><b>EXEMPTIONS</b></p>                 | <p><b>Exemptions:</b> If you are exempt from backup withholding and/or FATCA reporting, enter in the exemptions box any code(s) that may apply to you. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions. The following codes identify payees that are exempt from backup withholding: <b>1</b> – an organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2); <b>2</b> – The United States or any of its agencies or instrumentalities; <b>3</b> – A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities; <b>4</b> – A foreign government or any of its political subdivisions, agencies, or instrumentalities; <b>5</b> – A corporation; <b>6</b> – A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States; <b>7</b> – A futures commission merchant registered with the Commodity Futures Trading Commission; <b>8</b> – A real estate investment fund; <b>9</b> – An entity registered at all times during the tax year under the Investment Company Act of 1940; <b>10</b> – A common trust fund operated by a bank under section 584(a); <b>11</b> – A financial institution; <b>12</b> – A middleman known in the investment community as a nominee or custodian; <b>13</b> – A trust exempt from tax under section 664 or described in section 4947.</p> <p><b>Exemption from FATCA reporting.</b> The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. <b>A</b>—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37); <b>B</b>—The United States or any of its agencies or instrumentalities; <b>C</b>—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities; <b>D</b>—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i); <b>E</b>—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i); <b>F</b>—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.</p> |
| <p><b>TAX IDENTIFICATION NUMBER</b></p>  | <p>Enter your tax identification number (TIN) in the appropriate box. If you are a single member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN. <b>The TIN for individuals and sole proprietors is the Social Security Number (SSN).</b> Sole proprietors may provide their EIN in addition to but not instead of a SSN.</p> <p>The County of El Dorado requires that all parties entering into business transactions that may lead to payment(s) from the County provide their Taxpayer Identification Number (TIN). The TIN is also required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p>   |
| <p><b>RESIDENCY STATUS</b></p>           | <p><b>Are you a California resident or nonresident?</b></p> <p>A <b>corporation</b> will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California. A <b>partnership</b> is considered a resident partnership if it has a permanent place of business in California. An <b>estate</b> is a resident if the decedent was a California resident at time of death. A <b>trust</b> is a resident if at least one trustee is a California resident. For <b>individuals and sole proprietors</b>, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p><b>Payments to all nonresidents may be subject to withholding.</b> Nonresident payees performing services in California or receiving certain rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year or if payment is for product. Nonresidents who have been granted a waiver on payments of California source income from the California Franchise Tax Board must submit a copy of the waiver. For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <p style="text-align: center;">Withholding Services and Compliance Section:      1-888-792-4900      E-mail address:      wscs.gen@ftb.ca.gov</p> <p style="text-align: center;">For hearing impaired with TDD, call:      1-800-822-6268      Website:      www.ftb.ca.gov</p> <p>California nonresidents charging California sales tax are required to provide their California sales tax number.</p>  |
| <p><b>CERTIFICATION</b></p>              | <p>Provide the name, title, signature, and telephone number of the authorized individual completing this form. Provide the date the form was completed. <b>NOTE:</b> You must cross out item 2 in the certification block if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.</p>  |