



CalTRECS Debt Offset Registration/Participation Form

Unit of Local Government Entity Name: _____

Unit of Local Government FTB Identity Number _____

This is the 2-digit number allocated by the State Controller's Office for identification and disbursement of funds.

Coordinator for Liaising with CalTRECS Clearinghouse

First Name: _____

Last Name: _____

Title: _____

Contact Phone Number: _____

Contact Email Address: _____

Unit of Government Address: _____

Contact for Automated Voice Response System for Debtors to be Referred to for Questions about Debt (can be same as Coordinator)

First Name: _____

Last Name: _____

Title: _____

Contact Telephone Number: _____

Local Government Authorized Official Signature and Date:

Name

Date

CalTRECS Debt Setoff Registration/Participation Form Instruction

Please be aware of the following statement after all questions:

“The above authorized official attests that our local government agency will follow the requirements pursuant to California Government Code 12419.2 - 12419.12 and the FTB Annual Participation Guide, as well as those stated in the California Tax Refund Exchange and Compliance System (CalTRECS) Memorandum of Understanding.

By signing the local government official is attesting that he/she understands the requirements of both the California Code, the FTB Annual Participation Guide, and the Memorandum of Understanding. The Memorandum of Understanding has already been signed and submitted for participating members along with the required and approved SCO and FTB documents. The applicable California Code, the FTB Annual Participation Guide, FTB forms 2282, 2280, 7904, and a copy of the MoU are available on the California State Association of Counties website.

Please submit copies of the following application and approval documents:

2282PC Initial Request to Participate

2280PC Intent to Participate

7904 Vendor Form

CSAC-Finance MoU