



STAR Vendor Information

Required sections must be completed or the form will not be processed. Incomplete forms will be returned. All information must be legible.

ALL SECTIONS REQUIRED UNLESS OTHERWISE NOTED

Section 1 – Please specify type of action		
Enter the Name of the Agency You Are Invoicing		
Select your entity type below and complete the sections indicated: <u>New Individual or business that provides goods or services to a state agency</u> - complete all sections except section 7. <u>New City, County, Town, Village, School District, Special Tax District or Technical College</u> – complete all sections. Note – If you are an INDIVIDUAL that DOES NOT provide goods or services to a state agency (i.e. a grant recipient), you may submit IRS W-9 or W-8 EIC only – you DO NOT need to complete this form. You must include your email address (if you have one) in the requestors name and address area of the W-9 or W-8 EIC.		
<input type="checkbox"/> New Vendor/Business - Attach W-9 or W-8 BEN <input type="checkbox"/> Additional Address <input type="checkbox"/> Additional Location		
For Agency Use Only – Required for Changes		
Supplier ID _____	<input type="checkbox"/> Change Contact Person/Information	
Location Name _____	<input type="checkbox"/> Change of Address – (Provide old address below)	
Address ID # _____	Check All that Apply: <input type="checkbox"/> Remit to Address <input type="checkbox"/> 1099 Address	
Old Address: 		
<input type="checkbox"/> Change of TIN – (also attach IRS W-9 & DOA-6459 Change of Tax ID.) <input type="checkbox"/> Change of Name – (also attach IRS W-9 & DOA-6458 Change of Vendor Name.)		
Section 2 – Please provide Vendor Information		
Legal Business or Individual Name (Must match attached W-9 or W-8 ECI):		
Business Name, Trade Name, Doing Business as: (If different from above):		
Section 3 - Taxpayer Identification Information (Only Provide One Number or Document Will be Returned)		
Federal Employer Identification Number: example 00-0000000	Social Security Number: example 000-00-0000	
DUNS No. example 000000000 (Required for Grant Recipients)		
Section 4 – Remit To Address (For Checks)		
Address:		County:
Address (cont.):		
City:	State:	ZIP Code + 4:
Section 5 (Optional) – Additional Address (If more than 2 remit addresses, or 1099 address)		
Address:		County:
Address (cont.):		
City:	State:	ZIP Code + 4:

Section 6 (Optional) – Contact Person (For Vendor/Supplier)		
Name:		
Phone:	FAX:	Email:
<input type="checkbox"/> Additional Contact		
Name:		
Phone:	FAX:	Email:
<input type="checkbox"/> Replace Contact (Will be Marked Inactive)		
Name of Contact being replaced:		
Section 7 – Wisconsin State Agency, Local Government, or District (As Listed Below)		
Are you a Wisconsin State Agency, Local Government, or District? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Please Select One of the Following:		
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> School District <input type="checkbox"/> Special Tax District <input type="checkbox"/> Technical College <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> Other		
Entity Name:		
Is your entity in the Wisconsin Department of Revenue State Debt Collection Program? (SDC) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your entity in the Wisconsin Department of Revenue Tax Refund Intercept Program? (TRIP) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your entity receive payments (i.e. shared revenues) from WI Department of Revenue State & Local Finance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Section 8 – Please Sign and Date (Vendor/Supplier)		
Print Name:	Title:	Date:
Authorized Signature:		
Contact Email Address:	Contact Phone Number:	
Section 9 - For Agency Use Only		
Agency Name:	Agency Contact:	Contact Email:

Comments (Optional)

--

Note: This document contains sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk. Pursuant to 26 USC 6109, the state is required to collect TIN/EIN/Social Security numbers and to use the numbers in its annual report to the IRS the amount the state has paid each vendor.

Submit completed documents to the State Agency to be invoiced.