



STAR Customer Setup and Change Information

See Page 3 for Instructions

Section 1 – Agency Information			
Agency Number:	Agency Name:	Agency Legacy #:	
Agency Contact Name:	Agency Contact Title:	Agency Contact Phone Number:	Ext:
Agency Contact Fax Number:	Agency Contact Email Address:		
Section 2 – Customer Information – Check appropriate box and enter new or changed information below			
<input type="checkbox"/> New Customer <input type="checkbox"/> Change Customer <input type="checkbox"/> Inactivate Customer		Effective Date or Current Date (mmddyyyy):	
Check one box & enter Taxpayer ID No. (TIN)	<input type="checkbox"/> Social Security Number (SSN):000-00-0000	<input type="checkbox"/> Federal Employer ID Number (EIN):00-0000000	
Customer ID: (Required for changes or inactivation.)	Check one box for type of customer:		
Customer DUNS Number: (if applicable)	<input type="checkbox"/> Municipality <input type="checkbox"/> Federal Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Other _____ <input type="checkbox"/> DWD-DVR Confidential		
Customer Name 1:	Customer Name 2: (if applicable)		
Customer Address 1: (Primary Street Address, Ste./Apt #) (DOAS-include PFR code with primary address)			
Address 2: (PO BOX)			
Address to be replaced if changed:			
Additional Address:			
City:	County:	State:	
Zip Code/Postal:	Country:	Sponsor: <input type="checkbox"/> Yes <input type="checkbox"/> No (Also Complete DOA-6455 STAR Sponsor Information)	
Financial Manager Approval Signature:			Date (mm/dd/yyyy):
Agency Comments			

Please allow 2-3 business days for DOA to process. Emergency requests will be processed within 4-8 hours on business days. After the new/change/inactive process is complete, the agency will receive an email with the new customer number or be notified when changes or inactivation is complete.

This Page explains the business process flow for the State of Wisconsin Customer Table in STAR

The Process Flow for adding New, Changing or Inactivating Customers/Sponsors in STAR

AGENCY:

1. Agency has a billable receivable.
2. Performs the Agency Customer Verification Checklist.
3. Processor validates/checks for duplicate Customer/Sponsor in STAR.
4. If Customer/Sponsor already exists in STAR, this customer will not be setup again. Agency should determine if internal interface and crosswalk procedures should be followed.
5. If Customer/Sponsor does not exist in STAR agency will complete the STAR Customer Setup and Change Information form.
6. Complete the STAR Customer Contact Information Form.
7. If Customer is a Sponsor complete the STAR Sponsor Form.
8. Agency Financial Manager signs and dates the form – approve if your agency has a business relationship with this customer or Financial Manager will email wicustomers@wi.gov delegating a staff name to submit form without signature.
9. Processor submits forms via SharePoint to DOA.

DOA:

1. Processor confirms the agency approval.
2. Performs the DOA Customer Verification Checklist.
3. If customer is ineligible, DOA notifies the agency with the reason.
4. If the submission is missing information/approval, submission will be denied on SharePoint and returned to Agency submitter.
5. If submission is received and approved with no issues, DOA Processor will enter the customer information into STAR.
6. Processor will notify the agency when complete and will provide the new Customer ID when applicable.

AGENCY:

1. Agency receives notice from DOA Processor of the new Customer ID changes/inactivation is complete.
2. Agency determines if internal interface and crosswalk procedures should be followed.
3. Agency can proceed with billing.

The following documents should be completed by the Agency Processor.

DOA-6453 STAR Customer Setup and Change Information w/instructions - REQUIRED

DOA-6454 STAR Customer Contact Information. (REQUIRED only if contact name is different than customer name)

DOA-6455 STAR Sponsor Information (REQUIRED only if Customer is a Sponsor)

INSTRUCTIONS FOR COMPLETING STAR CUSTOMER SETUP AND CHANGE INFORMATION

SECTION 1 – AGENCY INFORMATION

Include agency contact information

SECTION 2 – CUSTOMER INFORMATION

- Select one box for the type of request.
- Enter effective date (when this customer information should be valid).
- Check one box for Taxpayer ID # either a SSN or EIN and include the number. For municipalities, a EIN is REQUIRED. (ETF provide member ID)
- Customer ID Number required only if this is a change or inactivate request. Leave space blank if new customer.
- Check one box for type of customer. (ETF provide member ID)
- Name 1 is primary customer name.
- Name 2 is if customer has a secondary or affiliate name.
- Address 1 is the primary customer street address (Apt.# should be on this line also).
DOAS use this field to indicate PFR code in addition to the primary address.
- Address 2 (required if a PO BOX or extension of Address 1 exists).
- Additional address complete if applicable.
- Complete City, County, State, Zip Code/Postal and Country.
- Complete the STAR Customer Contact Information Form, only if the contact name is different than the customer name.
- If customer is a sponsor, complete STAR Sponsor Information Form.
- This form must be approved by agency Financial Manager, unless agency submitter is on the DOA delegated list for customers.
- Submit form(s) via SharePoint to DOA.

You must also submit DOA-6454 STAR Customer Contact Information, (if applicable).

If you are a Sponsor, DOA-6455 STAR Sponsor Information is additionally required.