



Submit completed documents to the State agency you are invoicing. If you need a contact name and address for agency, Email wivendors@wisconsin.gov
NOTE: this email address does not Accept documents for processing.

STAR Change of Vendor Name

This form must be submitted with a completed DOA-6457 STAR Vendor Information & IRS W-9 or W-8 ECI.

Section 1 – New Name Information

New Legal Business Name:

New Doing Business As (DBA) Name(s) if applicable:

DUNS Number: example 000000000 (Required for grant recipient)

Section 2 – Previous Name Information

Previous Legal Business Name:

Previous DBA Name(s) if applicable:

Section 3 – Reason for the Name Change and Additional Comments

Section 4 – 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

Section 5 – Please Sign and Date (Vendor/supplier)

Print Name:

Date:

Authorized Signature:

Contact Email Address:

Contact Phone Number:

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.