



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. Ensure this is the latest version of the form at BusinessPartners.wi.gov.

Section 1 – Please specify type of action			
<input type="checkbox"/> New Vendor/Business - Attach W-9 or W-8 EIC		<input type="checkbox"/> Change Contact Person/Information	
<input type="checkbox"/> Additional Address			
<input type="checkbox"/> Change of Address – (Please provide old address below or attach letter)			
Address to be Replaced:			
<input type="checkbox"/> Change of TIN - Attach W-9 & DOA-6459 Change of Tax ID		<input type="checkbox"/> Change of Name – Attach W-9 & DOA-6458 Change of Vendor Name	
<input type="checkbox"/> Other: _____			
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			
Federal Employer Identification Number: example 00-0000000		Social Security Number: example 000-00-0000	
DUNS No. example 000000000 (Optional):			
Section 4 – Remit To Address			
Address:			County:
Address (cont.):			
City:		State:	ZIP Code + 4:
Section 5 – Additional Address (If more than 2 addresses, include a separate sheet)			
Type of Address: (i.e. Shipping, Billing, Purchase Order, etc.)			
Address:			County:
Address (cont.):			
City:		State:	ZIP Code + 4:

Section 6 - Contact Person

Name:

Phone:

FAX:

Email:

 Additional Contact

Name:

Phone:

FAX:

Email:

 Replace Contact (Will be Marked Inactive)

Name of Contact being replaced:

Section 7 – Additional Questions:

How many fulltime employees do you have within your company?

How many Veterans does your company employ?

What is your Company's Annual Revenue?

Are you a certified Veteran-Owned Business?

Yes

No

Section 8 – Wisconsin State Agency, Local Government, or District (As Listed Below)Are you a Wisconsin State Agency, Local Government, or District? Yes No

If yes, Please Select One of the Following:

 City County School District Special Tax District Technical College Town Village Other

Entity Name:

Is your entity in the Wisconsin Department of Revenue State Debt Collection Program? (SDC)

Yes No

Is your entity in the Wisconsin Department of Revenue Tax Refund Intercept Program? (TRIP)

Yes NoDoes your entity receive payments (i.e. shared revenues) from WI Department of Revenue State & Local Finance? Yes No**Section 9 – Please Sign and Date**

Print Name:

Title:

Date:

Authorized Signature:

Contact Email Address:

Contact Phone Number:

Section 10 - State of Wisconsin Agency (Agency Receiving Payments From)

Agency/Division/Program:

Comments:

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:

Mail WI State Controller's Office
 Business Partner Services
 P.O. Box 428
 Madison, WI 53701-0428

Phone (608) 264-6600

Website BusinessPartners.wi.gov