



STAR Change of Tax Identification Number

This form must be submitted with a completed DOA-6457 Vendor Information Request and a completed W-9.

Section 1 – Vendor Information	
New Legal Business Name:	
New Doing Business As (DBA) Name(s) if applicable:	
Section 2 - Taxpayer Identification Information	
Federal Employer Identification Number (EIN): example 00-0000000	Social Security Number (SSN): example 000-00-0000
Section 3 – Previous Tax Identification Information – as currently listed in our records	
Previous Legal Business Name:	
Previous DBA Name(s) if applicable:	
Federal Employer Identification Number (EIN): example 00-0000000	Social Security Number (SSN): example 000-00-0000
Section 4 – Reason for the Tax Identification Number Change and additional comments	
Section 5 – Status of Previous Tax Identification Number	
Is previous Tax Identification Number to Remain Active? <input type="checkbox"/> Yes (If yes, please explain above) <input type="checkbox"/> No	
Section 6 – Please Sign and Date	
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:	
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