



## 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**

<b>Section 1 – Please specify type of action</b>			
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. <b>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.</b> 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"/> <b>New Vendor/Business - Attach W-9</b> or W-8 EIC		<input type="checkbox"/> Additional Address	
		<input type="checkbox"/> Additional Location	
<b>For Agency Use Only – Required for Changes</b>			
Supplier ID _____		<input type="checkbox"/> Change Contact Person/Information	
Location Name _____		<input type="checkbox"/> Change of Address – (Provide old address below or attach letter)	
Address ID # _____			
Address to be Replaced:			
<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.)	
<b>Section 2 – Please provide Vendor Information</b>			
<b>Legal Business or Individual Name (Must match attached W-9 or W-8 EIC):</b> <i>Foster Parent's Name</i>			
Business Name, Trade Name, Doing Business as: (If different from above):			
<b>Section 3 - Taxpayer Identification Information (Only Provide One Number or Document Will be Returned)</b>			
Federal Employer Identification Number: example 00-0000000		<b>Social Security Number: example 000-00-0000</b>	
DUNS No. example 000000000 (Required for Grant Recipients)			
<b>Section 4 – Remit To Address</b>			
<b>Address:</b> <i>Foster Parent's Address: 555 Main Street</i>			<b>County:</b> <i>Dane</i>
Address (cont.):			
<b>City:</b> <i>Anytown</i>		<b>State:</b> <i>WI</i>	<b>ZIP Code + 4:</b> <i>53703</i>
<b>Section 5 (Optional) – Additional Address (If more than 2 remit addresses, or 1099 address)</b>			
Address:			County:
Address (cont.):			
City:		State:	ZIP Code + 4:

<b>Section 6 (Optional) – Contact Person (For Vendor/Supplier)</b>		
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:		
<b>Section 7 – Wisconsin State Agency, Local Government, or District (As Listed Below)</b>		
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		
<b>Section 8 – Please Sign and Date (Vendor/Supplier)</b>		
<b>Print Name:</b> <i>Foster Parent Printed Name</i>	Title:	Date:
<b>Authorized Signature:</b> <i>Foster Parent Signature</i>		
Contact Email Address:	<b>Contact Phone Number:</b> <i>555-555-5555</i>	
<b>Section 9 - For Agency Use Only</b>		
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.**