



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.

Section 1 – Please specify type of action

Select your entity type below and complete the sections indicated:
New Individual or business that provides goods or services to a state agency - complete all sections except section 8.
New City, County, Town, Village, School District, Special Tax District or Technical College – complete all sections except section 7.
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. 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.

New Vendor/Business - Attach W-9 or W-8 EIC Change Contact Person/Information Additional Address

Change of Address – (Please provide old address below or attach letter)

Address to be Replaced:

Change of TIN – Do not use this form.
 Use DOA-6459 Change of Tax ID.

Change of Name – Do not use this form.
 Use DOA-6458 Change of Vendor Name.

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
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DUNS No. example 000000000 (Optional):

Section 4 – Remit To Address

Address:	County:
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Address (cont.):

City:	State:	ZIP Code + 4:
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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:
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Address (cont.):

City:	State:	ZIP Code + 4:
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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

No

Does 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 - For Agency Use Only

Agency Name:

Agency Contact:

Contact Email:

Comments:

DOA-6457 (C04/2015) continued

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.