PAYEE REGISTRATION

State of Michigan
State Budget Office
Office of Financial Management
P.O. Box 30026
Lansing, Michigan 48909
Telephone: (888) 734-9749
In Lansing: (517) 373-4111
Fax Number: (517) 373-6458

Form DMB – 20-OFM (04/01)

AUTHORITY: Act 431 of 1984.
COMPLETION: Voluntary
Completion necessary for inclusion In master vendor/payee file.

COMPLETE BOLD ITEMS BELOW

1. TAX IDENTIFICATION NUMBER (TIN)
(**Use Social Security** if sole proprietor)

FEIN ☐ **SSN** X☐ _____

2. **NAME**

_____

Doing Business As: _XXXXXXXXXXXXXXXXXXXXXXXXX____

3. TYPE OF OWNERSHIP

X☐ **Individual/Sole Proprietorship: Name of Individual**: _____
First Middle Last

☐ Partnership (Partnership does not include marital status.)

☐ Government (Federal, State and Local)

☐ Non-Profit

☐ Non-Profit 501c(3)

☐ Corporation, State of _____

☐ Limited Liability Company, State of _____

4. **MAILING ADDRESS (Street and /or P.O. Box)**

Attn – 1: _____ Phone: (_____) _____

Attn – 2: _____ Fax: (_____) _____

Street: _____

City: _____ State: _____ Zip: _____ - _____

P.O. Box: _____ City: _____State: _____ Zip: _____ - _____

Contact Name: _____

E-mail Address: _____

5. REMITTANCE ADDRESS **(If different than above)**

Attn – 1: _____Phone: (_____) _____

Attn – 2: _____ Fax: (_____) _____

Street: _____

City: _____State: _____Zip: _____ - _____

P.O. Box: _____ City: _____State: _____Zip: _____ - _____

Contact Name: _____

E-Mail Address: _____

6. **Signature**: _____ **Date**: _____