

# VENDOR/PAYEE REGISTRATION & ADDRESS CHANGES

**State of Michigan**  
**State Budget Office**  
**Office of Financial Management**  
**P.O. Box 30026**  
**Lansing, Michigan 48909**

**PHONES**  
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**AUTHORITY: Act 431 of 1984.**  
 Completion necessary for inclusion  
 in STATE OF MICHIGAN vendor/payee file.  
**A W-9 Form must be submitted for new  
 Registrations.**

<p><b>1. TAX IDENTIFICATION NUMBER (TIN)</b>                  (Use Social Security if sole proprietor)                  FEIN      SSN  <input type="checkbox"/>      <input type="checkbox"/> _____                  Last 4 only if a SS#</p>	<p><b>2. NAME (Or Legal Business Name as Registered with IRS)</b>                  _____                  _____                  Doing Business As: _____</p>
<p><b>3. NEW OR ADDITIONAL ADDRESS (Street and /or P.O. Box)</b></p> <p>Attn – 1: _____ Phone: (____) _____</p> <p>Attn – 2: _____ Fax: (____) _____</p> <p>Street/PO Box: _____</p> <p>City: _____ State: _____ Zip: _____ - _____</p> <p>Contact Name: _____ E-mail Address _____</p>	
<p><b>4. OLD/INACTIVE ADDRESS (to be removed from file)</b></p> <p>Attn – 1: _____ Phone: (____) _____</p> <p>Attn – 2: _____ Fax: (____) _____</p> <p>Street/PO Box: _____</p> <p>City: _____ State: _____ Zip: _____ - _____</p>	
<p><b>5. REMITTANCE ADDRESS (if different from #3 above)</b></p> <p>Attn – 1: _____ Phone: (____) _____</p> <p>Attn – 2: _____ Fax: (____) _____</p> <p>Street/PO Box: _____</p> <p>City: _____ State: _____ Zip: _____ - _____</p> <p>Contact Name: _____ E-mail Address _____</p>	
<p>6. Vendor Signature: _____ Date: _____</p>	
<p><b>State of Michigan Agency use only if no Vendor Signature</b></p> <p>7. Authorized Agency Signature _____ Date: _____</p> <p>Department or Agency _____ Phone # _____</p>	