

# VENDOR/PAYEE REGISTRATION & ADDRESS CHANGES

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

## PHONES

**Lansing (517) 373-4111  
Toll Free (888) 734-9749  
FAX # (517) 373-6458**

**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"/></p> <p>_____</p> <p>Last 4 only if a SS#</p>	<p><b>2. NAME (Or Legal Business Name as Registered with IRS)</b></p> <p>_____</p> <p>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>	