

# **UPDATE VENDOR NAME**

#### **Important Notes:**

- A <u>substitute W-9</u> must be submitted with this form.
- Your new legal name and Taxpayer Identification Number (TIN) must match with IRS records before we can update the name on your NYS vendor record.
- If you have a new TIN you must contact the NYS agency you do business with and obtain a new Vendor ID.
- Information must be typed or printed neatly. Please refer to instructions on page 2 of this form for more information.

PART I: CURRENT VEN											
	IDOR INF	ORMAT	ΓΙΟN –	all field	s are re	quired					
Vendor ID Number:											
Current Legal Business Nam on NYS Vendor Recor	ne rd:										
PART II: NEW LEGAL N	AME										
New Legal Business Name:											
DBA Name (if applicable):											
Parent Company Name (if a	pplicable):										
PART III: INDIVIDUAL S	UBMITTI	NG THE	REQU	JEST (Mu			mary o	ontact	on the V		rd)
Requestor's Name – Printed (Required)					Phone (	Required)				Date (Required)	
Requestor's Signature (Required)					E-mail (Required if available)						
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## **NYS Office of the State Comptroller**

### Instructions for Update Vendor Name or DBA Name Form

New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding. We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

#### Part I: Current Vendor Information

**Vendor ID (Required):** The NYS Vendor ID is a ten-character identifier issued by New York State when the vendor is registered in the Vendor File.

Current Legal Business Name (Required): The Legal Business Name currently in the Vendor File.

### Part II: New Legal Name

**New Legal Business Name:** For an individual, enter the name of the person doing business with NYS as it appears on his/her Social Security card or other required Federal tax documents. For an organization, enter the name shown on its charter or other legal documents that created the organization.

DBA Name: Doing Business As (DBA) name, if applicable

Parent Company Name: If applicable

### Part III: Individual Submitting Request

**NOTE:** This MUST be the current primary contact on the Vendor's record or the request will not be effective until the request is verified.

Requestor's Name (Required): Name of the person submitting the request

Requestor's Signature (Required): Signature of the person submitting the request

Email Address (Required if available): Requestor's email address

Phone Number (Required): Requestor's phone number

Date (Required): Date requestor signed form