



Office of Financial Management

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INSTRUCTIONS FOR COMPLETING THE VENDOR/PAYEE CHANGE FORM

The Registration Change form should be used to perform one of the following:

- Change the authorized contact person.
- Change the "Doing Business As" (DBA) name
- Change the telephone number.
- Change the email address (for remittances and correspondence).
- Change the mailing address.
- Add additional business locations under the same Taxpayer Identification Number.

Please Note: If writing instead of typing, please PRINT clearly in Dark Blue or Black Ink. Forms will not be accepted if they have whiteout, have been crossed off, or have been written over.

PART A Identification Details:

- You MUST provide your Statewide Vendor Number.
- If you do not know your Statewide Vendor Number use the link provided - <http://des.wa.gov/vendorlookup>
- You MUST provide your legal name as it appears with the IRS
- You MUST provide your Social Security Number (SSN) OR Employer Identification Number (EIN). Do **not** provide both.

PART B Changes to Be Made:

- Only enter on the fields you wish to change. You may leave the rest blank.
- Use the checkboxes provided if you wish to add or remove an additional location to your existing record. You must fill out a form for each location desired.

When you are finished, sign and date at the bottom of the document.

- Please sign with a pen (a "wet signature").
Electronic, inserted or stamped signatures will not be accepted.
- This form is not considered valid unless it is signed.

IMPORTANT: If doing the following, do not fill out this form.

You MUST submit a new Registration (W9) form to:

- Change the Taxpayer Identification Number (TIN) OR
- Change the Legal name

***For questions about the form, please contact the Payee Registration Unit at (360) 407-8180 ext. 5
OR
Any other questions, please contact the agency you are expecting payment from.***

Submitting the Vendor/Payee Change Form:

- Please PRINT and SIGN the completed form
- SCAN to PDF format and EMAIL to: PayeeForms@ofm.wa.gov OR
- FAX to: (360) 664-3363 OR
- MAIL to: Statewide Payee Registration, PO Box 41450, Olympia, WA 98504-1450

