MINNESOTA Management &Budget

Vendor Name Change Request Form

PLEASE RETURN FORM & W-9 TO:
Minnesota Management & Budget
Vendor File Maintenance
400 Centennial Building 658 Cedar Street St. Paul, MN 55155
Fax: (651) 797-1306
Email: Vendor.mmbefax@state.mn.us

Please select one of the following reasons:

- ☐ Change of DBA name only (legal/withholding name and EIN has not changed)
- ☐ Merged with another company
- ☐ Sold to or bought out by another Company
- ☐ Change in Business Organization (Corporation to LLC, Sole Proprietor to Partnership, etc.)
- ☐ New Owner
- ☐ Other _____

YOUR VENDOR NUMBER (if known) _____

OLD BUSINESS NAME AND INFORMATION			NEW BUSINESS NAME AND INFORMATION		
LEGAL NAME (as registered with the IRS)			LEGAL NAME (as registered with the IRS)		
ASSUMED NAME (doing business as)			ASSUMED NAME (doing business as)		
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN - TAX ID)			FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN - TAX ID)		
BUSINESS STREET ADDRESS			BUSINESS STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
MAILING ADDRESS/REMITTANCE (if different from above)			MAILING ADDRESS/REMITTANCE (if different from above)		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PHONE NUMBER			PHONE NUMBER		

By submitting this form, you certify that: (a) you are authorized to represent the business listed above; (b) all of the information you have provided above is true and correct; and (c) you are instructing and authorizing the State of Minnesota to update the Business Name on your SWIFT vendor file.

Your Name (Please Print) _____ Your Signature _____ Date _____

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St. Paul, MN 55155
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SUBSTITUTE FORM W-9

Name and Address

_____

_____

_____

*Date:*_____

*Vendor Number:*_____

SUBJECT: **Request for Taxpayer Information. (Failure to furnish a taxpayer identification number makes you subject to a penalty of $50.)**

The purpose of this form is to obtain or confirm your correct taxpayer name and identification number. Federal and state tax regulations require that we have this information from recipients of certain payments in order to report such payments to the Internal Revenue Service on the Form 1099 Return.

Please complete items 1, 2, and 3 below. If you have any questions, phone (651) 201-8201 for assistance. Send, fax or e-mail the completed form to the address in the upper right corner.

1. **Check your tax filing status below and enter your social security number or federal employer identification number. If you have been issued a separate Minnesota tax identification number, write it in the space provided.**

   If you have recently applied for a taxpayer number, write "Applied For" in the space for the number.

(Check One)	
☐ **Individual: Use SSN**	_____--____-- _____ **SOCIAL SECURITY NUMBER (SSN)**
☐ **Sole Proprietorship: Use SSN or FEIN**	
☐ **Corporation: Use FEIN**	____-- _____ **FEDERAL EMPLOYER IDENTIFICATION (FEIN)**
☐ **S Corporation**	
☐ **Legal Partnership: Use FEIN**	_____ **MINNESOTA TAX I.D. NUMBER (IF APPLICABLE)**
☐ **Tax Exempt Organization: Use FEIN and list the section number of the IRS code under which you are claiming exemption:_____**	
☐ **Other: Please explain on reverse side and include a tax number.**	

2. **Print the full name belonging to the social security number or employer identification number written above.**

_____

3. **Certification. Under penalty of perjury, I certify the number shown on this form is my correct taxpayer identification number.**

Signature_____Phone No.:_____Date_____

PRIVACY ACT NOTICE - Internal Revenue code Section 6109 requires you to furnish your correct taxpayer identification number to payers who must file information returns with IRS. IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. Payers must generally withhold 28% of taxable interest and certain other payments to a payee who does not furnish a TIN to a payer.