



Supplier Additional Address / Change Address

Additional Address

Change Address

Section 1 - Provide Supplier Information

Legal Business or Individual Name:
(Must match W-9 or W-8 Form) _____

Business Name, Trade Name, Doing Business As:
(If different than above) _____

Federal Employer ID (EIN) or Social Security Number (SSN):

Section 2 - Existing Address / Old Address

Address: _____

City: _____ State: _____ ZIP: _____

Section 3 - Additional Address / New Remit To Address

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email: _____

Phone: _____ Fax: _____

Section 4 - Additional Addresses (optional - if more than 2 addresses, please include on a separate sheet)

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Email: _____

Phone: _____ Fax: _____

Section 5 - Sign and Date

Name: _____ Title: _____

Signature: _____ Date: _____

Hand written signatures are required.
Please print, sign, and then fax or scan & email

All sections must be completed (unless labeled as optional) or the form will not be processed. Incomplete forms will be returned.
All information must be legible. Ensure this is the latest version of the form at www.Supplier.OBM.Ohio.Gov

Submit to one of the following:

Email: Supplier@Ohio.Gov
Fax: 1-614-485-1052
Mail: Ohio Shared Services
Attn: Supplier Operations
P.O. Box 182880 Cols., OH 43218-2880

Questions? Need Help? Please Contact:

Phone: 1-877-OHIO-SS1 (1-877-644-6771)
1-614-338-4781
Website: www.Supplier.OBM.Ohio.Gov
Email: Supplier@Ohio.Gov

NOTE: This document contains sensitive information. Sending via non-secure channels, including email and fax, can be a potential security risk.
Pursuant to 26 USC 6109, the state is required to collect TIN / EIN / SSN and to use the numbers in its annual report to the IRS on the amount the state has paid each supplier.