



Change of Supplier Name or Tax Identification Number (TIN)

Section 1 - New Supplier Name and Tax Identification

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

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

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

Section 2 - New Remit To Address

Address:

City: _____ State: _____ ZIP: _____

Contact Name: _____ Fax: _____

Phone Number: _____ Email: _____

eSupplier Administrator Name: _____

Choose an eSupplier Administrator User ID: _____
(Case sensitive, no spaces, at least eight characters)

Section 3 - Previous Supplier Name and Tax Identification

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

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

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

Section 4 - Status of Previous Tax Identification Number

Is the Previous Tax Identification Number to Remain Active?

☐ Yes

☐ No

(If Yes, Please Explain in Section 5)

☐ I am authorized to make the previous Tax Identification Number (TIN) obsolete in the State of Ohio's accounting system.
I understand the State of Ohio will no longer issue payments using the previous TIN.

Signature: _____

Title: _____

Section 5 - Reason For the Tax Identification Number Change and Additional Comments

- ☐ Companies Merged
- ☐ Company Bought Out
- ☐ Company Closed
- ☐ Married / Divorced
- ☐ Other (please explain below)

Section 6 - Required Attachments (make sure these documents are also submitted along with this form)

☐ IRS W-9 or W-8

Section 7 - 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.