State of Wisconsin
Wisconsin Department of Administration
Division of Executive Budget & Finance
DOA-6457 (R12/2021)

Address Update

Section 1: Identifying Information

Tax Identification Number: ☐☐☐☐☐☐☐☐☐ EIN ☐ -OR- SSN ☐

Pursuant to Section 6109 of the Internal Revenue Service Code, we are required to obtain your Tax Identification Number (TIN) to properly report income to the IRS as required by law. Forms without a TIN will not be accepted.

Legal Name_____

Business Name, Doing Business As: _____

Supplier ID:_____UEI#_____ DUNS#_____

Recent payment number/amount received from the State:_____

Section 2: Old Address (Required to Change an Address)

Address: _____ UEI#_____

City: _____ State: _____ ZIP:_____ DUNS#_____

Section 3: Additional Address/ New Remit To Address

Address: _____ UEI#_____

City: _____ State: _____ ZIP:_____ DUNS#_____

Section 4: Comments

Section 5: Contact Information

Primary Contact Name:	
Title:	Email:
Phone:	Fax:
Secondary Contact Name:	
Title:	Email:
Phone:	Fax:

Section 6: Wisconsin State Agency, Local Government, or District?	YES	NO
Are you a Wisconsin State Agency, Local Government, or District?	☐	☐
Is your entity in the Wisconsin Department of Revenue State Debt Collection Program? (SDC)	☐	☐
Is your entity in the Wisconsin Department of Revenue Tax Refund Intercept Program? (TRIP)	☐	☐
Does your entity receive payments (i.e. shared revenues) from WI Dept of Revenue State & Local Finance?	☐	☐

Section 7: Read the Agreement, Sign & Date

The State will establish authentication information requirements for communications between the Supplier and the State, through online systems or paper forms. If the State receives a Communication containing proper authentication information, it shall be entitled to act on the Communication, and shall not be obligated to verify the content of such Communication, establish the identity of the person providing it, or await any confirmation thereof, and the State shall not be liable for acting on any Communication sent in the name of the Supplier. The Supplier shall be solely responsible for the safekeeping of the authentication information (i.e. passwords, Taxpayer Identification Numbers, bank account numbers, etc.) and assumes all risk of accidental disclosure or inadvertent use of such authentication information by any party whatsoever, whether such disclosure or use is on account of the Supplier's negligence or deliberate acts or otherwise. The State shall not be liable for any loss or damage resulting from fraudulent, unauthorized or otherwise improper use of any authentication information by the Supplier.

*Only **Authorized** individuals may complete and submit this form. By completing this form, you are certifying that you are a duly authorized representative of your organization and are lawfully able to initiate changes to banking information. **Fraudulent conveyances are punishable offenses.***

Print Name:	Date:
Signature	Phone: