



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	C:	

Section 4 - Additional Addresses (optional - if more than 2 addresses, please include on a separate sheet) Contact Name: Address: City: State: Zip Code: Email: County: Fax: Phone: Section 5 - Sign and Date Name: Title: Signature: Date: 9/3/2021 Carly Snider Hand written signatures are required.

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: Questions? Need Help? Please Contact:

Email: Supplier@Ohio.Gov Fax: 1-614-485-1052

Mail: Ohio Shared Services

Attn: Supplier Operations P.O. Box 182880 Cols., OH 43218-2880

Please print, sign, and then fax or scan & email

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.