



CHANGE OF TAX IDENTIFICATION NUMBER FORM

This form must be submitted with a completed General Information Form and a completed W9 Form

SECTION 1 – NEW TAX IDENTIFICATION INFORMATION

NEW LEGAL BUSINESS NAME:

NEW DBA NAME/S (IF APPLICABLE):

NEW FEDERAL TAX ID (TIN), EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (REQUIRED¹):

<input type="text"/>								
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SECTION 2 – PREVIOUS TAX IDENTIFICATION INFORMATION – AS CURRENTLY LISTED IN OUR RECORDS

PREVIOUS LEGAL BUSINESS NAME:

PREVIOUS DBA NAME/S (IF APPLICABLE):

PREVIOUS FEDERAL TAX ID (TIN), EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (REQUIRED):

<input type="text"/>								
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SECTION 3 – REASON FOR THE TAX IDENTIFICATION NUMBER CHANGE AND ADDITIONAL COMMENTS

SECTION 4 – STATUS OF PREVIOUS TAX IDENTIFICATION NUMBER

IS THE PREVIOUS TAX IDENTIFICATION NUMBER TO REMAIN ACTIVE? **Yes** (IF YES, PLEASE EXPLAIN ABOVE)
No

SECTION 5– PLEASE SIGN AND DATE

PRINT NAME:

AUTHORIZED SIGNATURE:

CONTACT E-MAIL ADDRESS:

DATE:

CONTACT PHONE NUMBER:

Note: This document contains sensitive information. Sending via non-secure channels, including email and fax can be a potential security risk.
¹ Pursuant to 26 USC 6109, the state is required to collect TIN/EIN/Social Security numbers and to use the numbers in its annual report to the IRS the amount the state has paid each vendor.

SELECT ONE OF THE FOLLOWING METHODS FOR DOCUMENT SUBMISSION:

E-mail: supplier@ohio.gov
Fax: 1 (614) 485-1052
Mail: Ohio Shared Services
Attn: Supplier Operations
P.O. Box 182880 Cols., OH 43218-2880

QUESTIONS? PLEASE CONTACT:

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