

SECTION 4 – SPECIFY TYPE OF ACTION(S). CHECK ALL THAT APPLY TO THIS REQUEST.

| | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Deactivate Supplier Profile <i>(Enter justification in Section 6)</i> | | |
| <input type="checkbox"/> | Reactivate Supplier Profile | | |
| <input type="checkbox"/> | Add New Bank Account (Must complete Section 3) | | |
| <input type="checkbox"/> | Change Existing Bank Account (Must complete Sections 1 & 3) | | |
| <input type="checkbox"/> | FEI/TIN Change (Cannot be changed if 1099 applicable) | | |
| <input type="checkbox"/> | Supplier (Business) Name Change | | |
| <input type="checkbox"/> | Add Additional Business Address (Must complete Section 2) | | |
| <input type="checkbox"/> | Change Existing Business Address (Must complete Sections 1 & 2) | | |
| <input type="checkbox"/> | Non- 1099 Applicable | <input type="checkbox"/> | 1099 Applicable |
| <input type="checkbox"/> | 1099-M | Enter Code | <input type="checkbox"/> <i>(Required for Form 1099-M)</i> |
| <input type="checkbox"/> | 1099-N | Code | <input type="checkbox"/> 01 <i>(01 is the only code available for the 1099-NEC)</i> |
| <input type="checkbox"/> | 1099 ADDR ID# | <input type="checkbox"/> | <i>(Enter Address ID # where to mail 1099)</i> |
| <input type="checkbox"/> | Other <i>(Provide Details in Section 6)</i> | | |

SECTION 5 – TYPE OF BUSINESS (Check All That Apply)

BUSINESS CERTIFICATIONS – CHECK ALL THAT APPLY

*Small Business

Women Owned

GA Resident Business

Minority Business Certified

MINORITY BUSINESS ENTERPRISE (51% Owned):

Hispanic – Latino

African American

Native American

Asian American

Pacific Islander

Not Applicable

*Based on Georgia law (OCGA 50-5-21) (3) "Small Business" means any business which is independently owned and operated. Additionally, such business must either have 300 or less employees OR \$30 million or less in gross receipts per year.

SECTION 6 – ADDITIONAL SUPPLIER COMMENTS (Required if the "Other" or "Deactivate" boxes are checked in Section 1)

By my signature, I certify that all reasonable effort has been made to submit information that is complete, accurate, true, and is associated with the supplier's name and Tax ID listed below.

Liaison Name: _____ Agency BU#: _____
 Signature: _____ Date: _____
 Email: _____ Phone: _____