



Please check boxes below for documents attached with this request.

- 51 or 52 screen prints from R*STARS
- First supporting document
- Second supporting document

Acceptable supporting documents:
W-9 signed and dated by the vendor, invoice, vendor contract, government-issued ID, web page, household mail, loan/grant application, credentialing application, or other independent source (CJAMS, MMIS).

Email completed form to GAD's secure email box GADCSC@marylandtaxes.gov.

SECTION I – Identifying Information Required fields outlined in red.

Batch Agency Code: e.g. D13, N24, R32

Vendor ID: Prefix plus TIN Mail Code(s):

Current Vendor Name in R*STARS:

Is Vendor a State Employee? Yes No

SECTION II – Action Requested Select at least one action.

- UPDATE** - only select if vendor has a change to name, address or contact information

Change Vendor Name:

Change Vendor Address:

Change City, ST, or ZIP:

Change Telephone: Change Fax:

- ACTIVATE** – only select if vendor is inactive (I status)

- UNDELIVERABLE CHECK #** Check must be in “U” status to be remailed

- INACTIVATE** – List Mail Code(s) and reason to inactivate:

- OTHER CHANGES** – Please be specific:

SECTION III – Authorization

Requested by:

Date:

I attest that I am an authorized Vendor Coordinator.

Agency Vendor Coordinator Signature:

Printed VC Name:

Phone:

Email:

SECTION IV – GAD Administrative Use Only

GAD Input By: GAD Reviewed By: