

For Comptroller's use only

# Payee Change Request

Under Ch. 559, Government Code, you are entitled to review, request and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at 1-800-531-5441, ext. 6-8138.

**Number Change / Merge**

<b>SECTION 1</b>	<input type="checkbox"/> 1. Texas Identification Number (TIN)	<input type="checkbox"/> Change	<input type="checkbox"/> SSN - 9 digits
	From _____	<input type="checkbox"/> Merge	To _____
			<input type="checkbox"/> ITIN - 9 digits
			<input type="checkbox"/> EIN - 9 digits
			<input type="checkbox"/> TIN - 11 digits

**Master Changes**

<b>SECTION 2</b>	2. Texas Identification Number (TIN) _____ (11 digits)	
	3. Payee name _____	
	<input type="checkbox"/> 4. Change ownership type code to _____	
	<input type="checkbox"/> 5. Add/Change sole owner's name to _____	
	<input type="checkbox"/> 6. Add/Change sole owner's Social Security number (SSN)* or Individual Taxpayer Identification Number (ITIN) to: _____ (9 digits)	
	<input type="checkbox"/> 7. Enter Add/Change partnership information to:	
	<b>Partner 1:</b> Name _____	
	<input type="checkbox"/> SSN* _____ (9 digits)	
<input type="checkbox"/> ITIN _____ (9 digits)		
<input type="checkbox"/> EIN _____ (9 digits)		
<b>Partner 2:</b> Name _____		
<input type="checkbox"/> SSN* _____ (9 digits)		
<input type="checkbox"/> ITIN _____ (9 digits)		
<input type="checkbox"/> EIN _____ (9 digits)		
8. Add/Change Texas Secretary of State's file number to _____		

**Federal Privacy Act Statement**  
 Disclosure of your Social Security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law, 42 U.S.C. sec. 405(c)(2)(C)(i); Texas Govt. Code Sections 403.011, 403.056, and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

**Mail Code Changes (1 form per mail code)**

<b>SECTION 3</b>	9. Texas Identification Number (TIN) _____	10. Mail code _____ (If unknown, leave blank.)		
	11. Payee name _____			
	<input type="checkbox"/> 12. Change payee name to _____			
	<input type="checkbox"/> 13. Change payee address to _____			
	City _____	State _____	ZIP code _____	Zone code _____ (For agency use only)
<input type="checkbox"/> 14. Add/Change telephone number to _____				

**For Agency Use Only**

<b>SECTION 4</b>	<input type="checkbox"/> 15. Change security type (0, 1, 2) to _____	<input type="checkbox"/> 17. Add/Change employing agency number to _____	<input type="checkbox"/> 20. Hold bypass (1, 2, D) _____
	<input type="checkbox"/> 16. Change SIC code to _____	<input type="checkbox"/> 18. Change master status (A, I) to _____	<input type="checkbox"/> 21. Unmask TIN (Y, D) _____
	<input type="checkbox"/> 19. Change mail code status (A, I) to _____		

**Authorized Signature (Payees should submit this form to the state agency with which they are conducting business.)**

<b>SECTION 5</b>	 22. Authorized signature (Applicant or state agency representative - Required)	23. Phone number (Area code and number - Required)	24. Date
	25. Agency name		26. Agency number
	27. Comments		

## Instructions for Payee Change Request

Indicate the type of Payee Change(s) being requested by checking the BOX above: **Section 1: Number Change/Merge**, **Section 2: Master Changes**, and/or **Section 3: Mail Code Changes**.

**NOTE:** This form is used only to change existing information for one payee number. To set up either new accounts or additional mail codes, use the Application for Texas Identification Number (Form AP-152).

### Section 1: Number Change/Merge

Enter the current 11-digit **Texas Identification Number (TIN)** in the "From" field, and check the appropriate box to indicate change or merge.

- If a "**Change**" is requested, select the type of number (SSN, EIN or ITIN) and enter that 9-digit number in the "To" number field.
- If a "**Merge**" is requested, enter that 11-digit TIN to be merged.

### Section 2: Master Changes

2. Enter the 11-digit **Texas Identification Number (TIN)**.
3. Enter the **Payee name**.

Indicate the specific change(s) requested by checking the appropriate boxes next to items 4–8 and:

4. Enter the letter (code) indicating the changed/correct **ownership type**. Refer to the TINS Guide on FMX for a listing of the ownership types and codes.
5. Enter the added or changed **sole owner's name**. There is a 50-character limit, including spaces and special characters; excluding percent sign (%), period (.), comma (,).
6. Enter the added or changed **sole owner's 9-digit Social Security number (SSN) or Individual Taxpayer Identification Number (ITIN)**.
7. Enter add/change information for two partners. Enter **Partner 1's Name** and either: Partner 1's 9-digit SSN, ITIN or EIN. Repeat information entry for Partner 2. Enter both partners' information even if only one partner's information changed.
8. Enter the added or changed 10-digit **Texas Secretary of State's file number**. If this number is less than 10 digits, precede with zeros (as many zeros as necessary to make this number equal 10 digits). This entry must not be ALL zeros.

### Section 3: Mail Code Changes (1 form per mail code)

9. Enter the 11-digit **Texas Identification Number (TIN)**.
10. Enter the 3-digit **Mail code**.
11. Enter the **Payee name** for the mail code entered in Item 10.

Indicate the specific change(s) requested by checking the appropriate boxes next to items 12–14 and:

12. Enter a new/changed payee name in the **Change payee name to** field. There is a 50-character limit, including spaces and special characters; excluding percent sign (%), period (.), comma (,).
13. Enter a new/changed address in the **Change payee address to** field. The first three lines are provided for physical address information. Enter **City, State, and ZIP code** information (required) on the fourth address line provided. This information must match U.S. Postal Service regulations. Refer to the TINS Guide on FMX for information on foreign addresses in TINS.  
**Note:** A valid mailing address (street address, post office box, etc.) is required on the last populated address line. Enter additional information, such as "Attention," on the lines above the delivery address. A dash (-), percent sign (%) or asterisk (\*) is not allowed as the first character in any of the address lines.
14. Enter the new/changed 10-digit **telephone number** for the payee.

### Section 4: For Agency Use Only

**Prerequisite:** Section 3 **must** include the following information: Texas Identification Number (TIN), Mail code, and Payee name prior to completing Section 4.

15. Enter a valid value in the **Change security type (0, 1, 2) to** field. Valid values:
  - 0 (default) Allow any state agency to update the mail code information.
  - 1 Limit mail code updates to the securing agency.
  - 2 Limit view and update access of a mail code to the securing agency.
16. Enter the 4-digit SIC code in the **Change SIC code** field. Refer to the TINS Guide on FMX for a list of the SIC codes.
17. Enter the employing agency number for a state employee in the **Add/Change employing agency number to** field.
18. Enter **A** (Active) or **I** (Inactive) in the **Change master status (A, I) to** field. Vendor payments will not process to a TIN master record with an inactive status.
19. Enter **A** (Active) or **I** (Inactive) in the **Change mail code status (A, I) to** field. Vendor payments will not process to a mail code with an inactive status.
20. Enter a valid value in the **Hold bypass** field. Valid values:
  - 1 Bypass holds for an Annuity Net Pay or Annuity Child Support deduction.
  - 2 Bypass holds for an IRS tax levy or Bankruptcy.
  - D Delete (blank) the bypass hold indicator.
21. Enter a valid value in the **Unmask TIN** field. Valid values:
  - Y Print the SSN-based 11-digit TIN on the face of the warrant as needed for IRS tax levy payments.
  - D Delete (blank) the Unmask TIN mail code indicator to display the TIN on the face of the warrant.

### Section 5: Authorized Signature (Payees should submit this form to the agency with which they are conducting business.)

22. Applicant or authorized state agency representative **must** sign this form (required).
23. Enter the phone number (with area code) of the applicant or authorized state agency representative that signed this form (required).
24. Enter the date of signature (required).
25. Enter the state agency name of the authorized state agency representative that signed field 22 of this form.
26. Enter the 3-digit agency number of the authorized state agency representative.
27. Enter any comments as necessary (optional).

State agencies should FAX completed form to Comptroller's Fiscal Management Division at 512-475-5424.