State of Kansas Department of Administration TM-21 (Rev. 05-2018)

SMART SUPPLIER INFORMATION CHANGE REQUEST

(Please use form W9 for name changes.)

SMART Supplier Name		SMART Supplier ID		
Request Type				
New Address ID	1099 Type/Class		Other	
Change of Address	Payment/Alt			
New Address				
Line 1				
Line 2				
Line 3				
City			State	Zip
Email		Phone Numbe	r	
Address ID(s) to Change				
1099 Type/Class				
Location	Туре		Class	
Details			I	
Payment/Alt (include address ID)				
Other				
Agency Certification (To be comple	eted by agency. All field	ds below are m	andatory.)	
Agency Signature	Date		Print Name	
Agency Number	Age	gency Phone Number		
Supplier Contact Name	Sup	Supplier Contact Phone/Email		

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Form Instructions

SMART Supplier Name - This is the supplier name.

SMART Supplier ID - This is the supplier's ten-digit Supplier ID.

Request Type

New Address ID - Check this box to add an additional Address ID to a SMART supplier record.

Change of Address - Check this box to update an existing Address ID on a SMART supplier record. If this box is checked, Address ID(s) to Change in the New Address section must be completed.

1099 Type/Class - Check this box to add an additional 1099 type/class to an existing location on a SMART supplier record. Agencies can also use this option to create a new location with a 1099 type and class specific to particular payments, so the correct withholding will default when making payments. Payment/Alt - Payment Alt is the name printed on the check. Check this box to add or change a Payment/Alt name to an existing Address ID on a SMART supplier record when the payment name is different than the Supplier Name.

Other - Check this box if request is not covered in the above scenarios.

New Address

*This is the address given by the supplier, regardless if it is a change or an additional address.

- Line 1 Enter the supplier's address.
- Line 2 Enter additional address lines if applicable.
- Line 3 The first nine characters in this field will print above the supplier name on the check mailer.

City - Enter City.

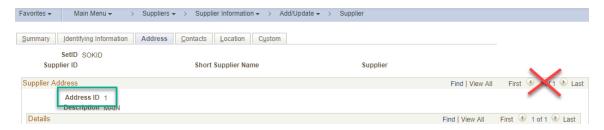
State - Enter State.

Zip - Enter Zip+4.

Email - Enter supplier's contact email address.

Phone Number - Enter supplier's contact telephone number.

Address ID(s) to Change - Enter the Address ID number to be updated. The Address ID is located on the Address tab of the supplier record. If you are adding an additional address, no number is required.



1099 Type/Class

*Use this section if the information is different than what is currently in SMART.

Location - Enter the payment location number (e.g., 001, 002, etc.).

Type - Enter withholding type(s).

Class - Enter Withholding Class(es).

Details - This is an optional field.

Payment/Alt (include address ID)

Payment Alt - This is the name printed on the check. Enter an alternate name if the payment needs to be addressed to a name other than the Supplier Name. Specify the Address ID number that requires an addition, change, or deletion to the Payment Alternate name.

Other

*Include any additional information/explanation that is not covered in previous sections.

Agency Certification (To be completed by agency. All fields below are mandatory.)

Agency Signature - Agency personnel who verified the information with the supplier. Digital signatures are accepted.

Date - Date agency personnel verified the information.

Print Name - Printed name of agency personnel who verified the information with supplier.

Agency Number - Agency business unit number.

Agency Phone Number - Telephone number of agency personnel completing form.

Supplier Contact Name - Person or method of confirming the requested changes. If it is person, enter person's name. If it is by invoice, enter 'INVOICE.' If it is from an internal agency system, enter name of the system.

Supplier Contact Phone/Email - Telephone number or email address used to verify information. If the supplier appears in person, 'IN PERSON' is acceptable.