

# Supplier Maintenance

## Supplier Update Form

For existing suppliers in Edison

This PDF fillable form must be used **by state agencies** to request changes to **existing** suppliers in Edison. The form and required supporting documentation must be submitted to **Supplier.Maintenance@tn.gov** using the **Submit** button at the end of this form. The IRS W-9 and other supporting documentation must be completed according to the **Supplier Maintenance General IRS W-9 Requirements, IRS W-9 Summary Instructional Table, Remittance Address Documentation Requirements, and Address Standards** documents located on the Division of Accounts TeamTN Accounting Job Aids website. **All entries on this form must be in ALL CAPS.**

### SECTION 1: Current Supplier Information in Edison (*All fields are required*) **STOP! DO NOT proceed until you have reviewed the supplier's information already in Edison using Query TN\_AP33C\_VENDOR\_SEARCH.**

10 Digit **Supplier ID** in Edison:

**\*Supplier Name** field in Edison:

**Taxpayer Identification Number (TIN)** in Edison (no dashes):

### SECTION 2: Request **Changes** to Identifying Information tab in Edison (*IRS W-9 attachment required to request these changes*) Check the box(es) and complete the associated fields to request changes.

- Change **\*Supplier Name** field in Edison to:
- Change **W-9 Business Type** in Edison from \_\_\_\_\_ to \_\_\_\_\_

### SECTION 3: Request to **Add** an Address or **Change** Address(es)

Check the box(es) to request to add a supplier's address or change a supplier's addresses(es) in Edison. The arrow ( ➤ ) icon indicates the supporting documentation required for each type of address request. The fields marked with an asterisk (\*) are required for each request type selected. The information entered in the address fields must follow the **Supplier Maintenance Address Standards** PDF located on the Division of Accounts TeamTN Accounting Job Aids website.

**Add Remittance Address** *If more than one remittance address needs to be added, another Supplier Update Form must be completed.*

- **Invoice to or from supplier or signed memo on company letterhead attachment required; if the payee's name entered in the Payment Alternate name field is not already in Edison, an IRS W-9 is also required**

**\*Payment Alternate name:**

**\*Street Number and Name:**

**\*City:**

**\*State:**

**\*Zip:**

- **Change Remittance Address (Address ID 2 or greater)**

- **Invoice to or from supplier or signed memo on company letterhead attachment required**

**\*Address ID:** *Only one Address ID can be entered in this field. If more than one Address ID needs to be changed, another Supplier Update Form must be completed.*

**From: \*Street Number and Name:**

**\*City:**

**\*State:**

**\*Zip:**

**To: \*Street Number and Name:**

**\*City:**

**\*State:**

**\*Zip:**

- **Change 1099 Address (Address ID 1)**

➤ **IRS W-9 attachment required**

From: \*Street Number and Name:

\*City:

\*State:

\*Zip:

To: \*Street Number and Name:

\*City:

\*State:

\*Zip:

**Change Payment Alternate name field (Doing Business As (DBA) name)**

➤ **IRS W-9 attachment required**

\*Address ID(s):

\*From:

\*To:

## SECTION 4: Request to [Add](#) a Location

Select all **Location** types that need to be added for your agency. Supplier Maintenance will enter all of the 1099 categories selected into the supplier's file to be used in the future for payment processing and 1099 reporting.

<b>CAT1</b>		<b>Rent</b> of real property and equipment, such as buildings, direct-billed hotel rooms, land, machinery, office space, warehouses, etc. <i>Excludes</i> rent paid to real estate agents or property managers.
<b>CAT3</b>		<b>Other Income</b> such as awards, incentives, prizes, etc. Excludes compensation for services.
<b>CAT6</b>		<b>Medical and Health Care Payments</b> such as ambulance, autopsy, dental, laboratory, medical, psychological, veterinary services, etc.
<b>CAT7</b>		<b>Non-Employee Compensation</b> services such as advertising, attorney's fees, child care, construction, consulting, court reporting, janitorial, repairs (includes parts and materials), security, speaker fees, temporary staffing, training, etc.
<b>CAT14</b>		<b>Gross Proceeds to an Attorney</b> (settlements) & Second Injury Fund Attorneys
<b>CATG</b>		<b>Taxable Grants</b> (reportable unless exemption in grant award)
<b>MAIN</b>		<b>Non-Reportable</b> - Products, travel, utilities, membership dues, medical records
<b>CATI</b>		Interest
<b>CATR</b>		Employee Death Benefits

## SECTION 5: Request to **Inactivate** Supplier ID **or** Address ID(s) and/or Location(s)

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Check the box(es) to request to inactivate a Supplier ID **or** Address ID(s) and/or Location(s). The Brief Description fields marked with an asterisk (\*) are required for each request type selected. **Please note:** If you request to inactivate an Address ID and there is only **one** address on file, or you request to inactivate Address ID 1, the entire Supplier ID will be inactivated instead. The Supplier ID cannot be reactivated until a current IRS W-9 is submitted.

### **Inactivate Supplier ID listed in Section 1 of this Supplier Update Form**

\*Provide Brief Description for inactivation:

### **Inactivate Address ID(s):**

\*Provide Brief Description for inactivation(s):

### **Inactivate Location(s):**

\*Provide Brief Description for inactivation(s):

## SECTION 6: Request to **Activate** Supplier ID, Address ID(s), and/or Location(s)

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Check the box(es) to request to activate a Supplier ID, Address ID(s), and/or Location(s). The arrow ( ➤ ) icon indicates the supporting documentation required for the type of activation request selected.

### **Activate Supplier ID listed in Section 1 of this Supplier Update Form**

➤ ***IRS W-9 attachment required***

### **Activate Address ID(s):**

➤ ***If activating Address ID 1, IRS W-9 attachment required***

➤ ***If activating Address ID 2 or greater, invoice to or from supplier or signed memo on company letterhead attachment required***

### **Activate Location(s):**

## SECTION 7: Agency Certification

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By submitting this **Supplier Update Form** to Supplier Maintenance, I affirm that the information given above is true and accurate to the best of my knowledge and is in no way misleading. Documentation submitted with this form was completed by and/or received from the supplier. This request form is being submitted on behalf of the supplier and all information contained in this form was verified with the supplier prior to submission to Supplier Maintenance.

The fields marked with an asterisk (\*) below are required for both **Supplier Contact Information** and **Agency Contact Information**.

### Supplier Contact Information:

\*Supplier Contact Name:

\*Supplier Contact Phone Number:

\*Supplier Contact Email Address:

### Agency Contact Information:

\*Business Unit:

\*Name of Submitter:

\*Submitter Phone Number:

\*Submitter Email Address:

After completing the form, click the digital signature box below to digitally sign and save the form. **You will not be able to make changes to the form after your digital signature has been applied.**

After digitally signing and saving the form, click the **Submit** button below to attach this **Supplier Update Form** to an email in order for the request to be emailed to **Supplier.Maintenance@tn.gov**. The Subject line of the email must include the Supplier ID and Supplier Name entered in Section 1 of this form. The attachment(s) indicated by the arrow (➤) above are also required to be attached to the email. If this form or the attachment(s) are incorrect or incomplete, the request will be returned to you for correction.