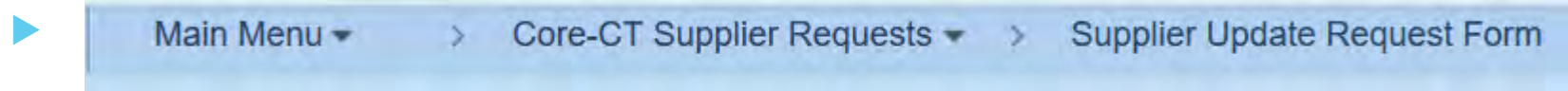




# STATE Vendor Online Update Request Form

# How to Do an Online Update

- ▶ Sign into CORE-CT



- ▶ The form consists of:

- ▶ The Header (Vendor Current Info)
- ▶ The Update Sections
  - ▶ Identifying Information
  - ▶ Address
  - ▶ Location
  - ▶ Withholding/1099
- ▶ The Footer (Agency Contact Info/Attachments)

# THE HEADER

- ▶ The header section should be filled in with the supplier's current information as it appears in CORE-CT:
  - ▶ 10-digit Supplier ID
  - ▶ Supplier Short Name
  - ▶ Entity Type
  - ▶ Supplier Name
  - ▶ Withholding checkbox designation

## Current Supplier Information (As it appears in Core-CT)

**Core-CT Supplier Number:**\*

**Supplier Shortname:**\*

**Entity Type (Select form List):**

**Name 1:**\*

**Name 2:**

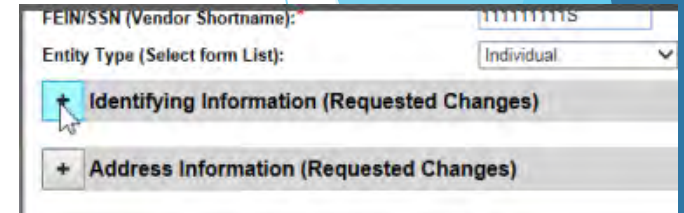
**Withholding:**\*

YES  NO

- ▶ Incomplete requests will be rejected
- ▶ We suggest copy/paste to avoid typos
- ▶ All fields with a red asterisk (\*) must be filled in

# Navigating the Online Update

- ▶ Click the “+” sign next to each section to expand it and “-” to collapse it
- ▶ The bottom of each section contains a Comments box



A screenshot of a web form interface. At the top, there are two input fields: "FEIN/SSN (Vendor Shortname):" with the value "111111111" and "Entity Type (Select form List):" with a dropdown menu showing "Individual". Below these are two expandable sections. The first section is "Identifying Information (Requested Changes)" and is currently expanded, showing a blue plus sign icon. The second section is "Address Information (Requested Changes)" and is currently collapsed, showing a grey plus sign icon.

Comments:



A large, empty text input box with a thin blue border, intended for entering comments.

ALL requests should have comments in every section where a change is requested.

Use the comment section to provide a description of what needs to be completed. Please be as specific as possible. The field does not limit the amount of information entered.

\*Detailed comments will result in faster and more accurate updates of vendors.\*

# IDENTIFYING INFORMATION

- ▶ Requested changes applicable to the Supplier Identifying Information tab:
  - Supplier Name, TIN, Entity Type, Withholding designation
- ▶ Please select one or more actions as applicable

<input type="checkbox"/> Spelling Error	<input data-bbox="540 682 596 714" type="button" value="?"/>	<input type="checkbox"/> Name Change	<input data-bbox="1090 682 1146 714" type="button" value="?"/>
<input type="checkbox"/> Archive Supplier	<input data-bbox="540 768 596 799" type="button" value="?"/>	<input type="checkbox"/> FEIN/SSN Change	<input data-bbox="1090 768 1146 799" type="button" value="?"/>
<input type="checkbox"/> Entity Type Change	<input data-bbox="540 865 596 896" type="button" value="?"/>	<input type="checkbox"/> Reactivate Supplier	<input data-bbox="1090 865 1146 896" type="button" value="?"/>

\*Note: click the “?” to view backup document requirements\*

\*Only complete the fields you wish to change. Leave the rest blank.

# ADDRESS INFORMATION

- ▶ Select applicable box to add a new address or change an existing one

\*Failure to select a box will result in a blank request, which will be rejected

- If multiple addresses are affected, include additional request information in the Address section's comments box.

- ▶ Address Type:

- If the vendor only has one address for all its business select Default All.
- If the address is only for remitting payment select Remit Default.
- If the address is for sending PO's only then select Order Default.
- If none of the above apply select Other.

▶ Requested Address information:

- Address, City, State, Zip Code, up to 3 phone numbers, and email address

\*Failure to provide an accurate email address may result in Purchase Orders not being sent properly depending on the vendor's PO Dispatch options. Please verify email for typos and when possible, submit backup which contains the email address\*

▶ An Alternate Payee Name

- The alternate payee name will replace the Identifying Information name on the payment.
- A W-9 form is generally required when requesting an Alternate Payee Name

<b>Check Payable to Alternate Name:</b>	
<b>(See Backup Requirements)</b>	<input type="checkbox"/> ?
<b>Alternate Payee Line 1:</b>	<input type="text"/>
<b>Alternate Payee Line 2:</b>	<input type="text"/>

# REASON FOR ADDRESS CHANGE

- ▶ Please select one or more actions for Reason for Address Change if applicable:

\*The question mark button includes information on the backup documentation required for the requested change. Please note additional backup may be required in certain cases and vendor file will reach out if needed

- ▶ If it is a foreign address enter it in the proper format.
  - Use 'Shift' + 'Enter' to start a new line in the box.

**Reason for Address Change:**  
(Please select at least one)  
Click the ? for backup documentation requirements.

<input type="checkbox"/> Supplier Moved	?
<input type="checkbox"/> Spelling Correction	?
<input type="checkbox"/> Additional Address	?
<input type="checkbox"/> PO Dispatch Change	?
<input type="checkbox"/> Phone Update	?
<input type="checkbox"/> Alt Payee Change	?

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Foreign Vendors- Please enter Address in comments section

Comment:

MUSEE DE LOUVRE  
99 RUE ST MARIE  
PARIS, FRANCE 79015



# LOCATION INFORMATION

- ▶ Please select one or more actions for Location Information

\*If modifying, enter the location name and description exactly as it appears

**Location Information (Requested Changes)**

**Modify Existing Location**

**Add a New Location**

**Add a PCARDPOS Location**

**Add a PCARDOPTIN Location**

- ▶ Request setup of a new location:

- Enter location name and description
- Purchase Order (PO) Dispatch email or fax number where POs should be sent

\*Failure to provide an accurate email address may result in Purchase Orders not being sent properly depending on the vendor's PO Dispatch options. Please verify email for typos and when possible, submit backup which contains the email address\*

# 1099/WITHHOLDING

- ▶ Withholding setup is used to provide accurate IRS reporting for certain types of payment. Questions regarding withholding classes should be directed to [osc.apdsp@ct.gov](mailto:osc.apdsp@ct.gov).

**- 1099/Withholding Information (Requested Changes)**

Add Withholding       Modify Existing 1099 classes       Remove All Withholding

<b>Current Setup:</b>					
<b>Default Class:</b>	<input type="text"/>	<b>Class:</b>	<input type="text"/>	<b>Class:</b>	<input type="text"/>
<b>Setup After Change:</b>		<b>Class:</b>	<input type="text"/>	<b>Class:</b>	<input type="text"/>
<b>Default Class:</b>	1099N-01	<b>Class:</b>	<input type="text"/>	<b>Class:</b>	<input type="text"/>
<b>1099 Address number in</b>	1099M-01	<input type="text"/>			
<b>Taxpayer Identification n</b>	1099M-03	<input type="text"/>			
<b>Reason for Change:</b>	1099M-06	<input type="text"/>	--Select--		
	1099M-10				
	1099G-06				
	1099I-INT				
	1099S-S				

\*Always enter a detailed comment describing why the Withholding should be added, modified or removed.\*

# ADDING/MODIFYING WITHHOLDING

▶ To add a withholding class to a currently Non-Withholding vendor:

- Choose withholding class

Add Withholding

**Current Setup:**

Default Class:

**Setup After Change:**

Default Class:

▶ To Modify Existing 1099 Class:

- Vendor's current withholding class goes in the top line
- Enter the Withholding classes you wish to add on the second line

Add Withholding  Modify Existing 1099 classes

**Current Setup:**

Default Class:  Class:

**Setup After Change:**

Default Class:  Class:

1099 Address number in Core-CT:

▶ To Remove Withholding

- Enter the current Withholding setup from Core-CT on the first line.
- Leave the second line blank.

# Footer/Adding Backup

- ▶ Submitter Information is required

\*Any typos in submitter email address will cause request to not be submitted properly and will not be acted on. A copy of the update will be sent to your email, if you did not receive it, please resubmit request

- ▶ To Attach Backup

- Click the ‘Browse...’ button
- Select the file you wish to attach from the Open File dialog box.
- Click ‘Open’ to bring the file onto request page
- Select ‘Add Attachment’

\*Note: The file is not attached to your request until the ‘Add Attachment’ button is clicked and the file name appears in the box above the ‘Browse’ button\*

The screenshot shows a web form with the following elements:

- Instructions:** "Backup Documentation must be sent to the Comptroller's Office in one of the following ways: Backup Documentation can be attached to this form to facilitate faster completion of your request. If you can not attach a backup file the documents must be faxed to (860)772-1727 with your confirmation email as a cover sheet. Updates submitted by fax without an email cover sheet, and any update submitted without backup documents will not be processed. You will receive a confirmation email within an hour of submission. If you do not receive an email we did not receive your update."
- Form Fields:** Submitted By: JESSICA SILVA; Phone Number: 860 - 702 - 3418 Ext: ; Agency Name: OSC CAP; Email Address: JESSICA.SILVA@CT.GOV; Confirm Email Address: JESSICA.SILVA@CT.GOV.
- Buttons:** (Remove from Update), Submit, Clear.
- File Upload:** A box containing the filename "TIN.docx" and a "Browse... No file selected." button.

# Submitting Request

- ▶ When request is complete hit the 'Submit' button at the bottom of the page.

\*A warning message will appear if any required fields are not filled in; fields will be highlighted in yellow.\*

**The page at <https://oscweb.ct.gov> says:**

Complete Fields Below Before Submitting.

Address Info filled out- Must check the Add or Change checkbox.

OK

## - Address Information (Requested Changes)

Add an Address

Change an Existing Address

- ▶ When a request is successfully submitted, an email confirmation will be sent. This can take several minutes but is usually instantaneous. If you do not receive an email, the submission did not go through properly.

*You will receive a confirmation email soon. If you do not receive a confirmation email in the next 24 hours we did not receive your request and it will need to be resubmitted. Requests can take as long as 3 business days to be processed. Contact the Vendor File directly if you need additional assistance.*

Close

# ADDITIONAL INFORMATION

- ▶ Questions related to the form:
  - **Email: [OSC.APDVF@CT.GOV](mailto:OSC.APDVF@CT.GOV)**
  - **Shawn Samuels, (860) 702-3397 - [Shawn.Samuels@ct.gov](mailto:Shawn.Samuels@ct.gov)**
  - **Jessica Silva, (860)702-3418 - [Jessica.Silva@ct.gov](mailto:Jessica.Silva@ct.gov)**