

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.

Payee Identification

1. Texas Identification Number (TIN) _____ (11 digits)
2. Payee name _____

☐ Master Payee Changes

- ☐ 3. Change ownership type code to _____
- ☐ 4. Add/Change sole owner's name to _____
- ☐ 5. Add/Change sole owner's Social Security number (SSN)* or Individual Taxpayer Identification Number (ITIN) to: _____ (9 digits)
- ☐ 6. Enter Add/Change partnership information to:

Partner 1: Name _____

☐ SSN* _____ ☐ ITIN _____ ☐ EIN _____

Partner 2: Name _____

☐ SSN* _____ ☐ ITIN _____ ☐ EIN _____

*** 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. § 405(c)(2)(C)(i) and Tex. Gov't Code §§ 403.011, 403.015, 403.055, 403.056 and 403.078. The Public Information Act, Tex. Gov't Code Ch. 522, and applicable federal law shall govern release of information on this form in response to a public information request.

- ☐ 7. Add/Change Texas Secretary of State's file number to _____

☐ Mail Code Changes 1 form per mail code)

8. Mail code _____ If unknown, leave blank.) ☐ 9. Add/Change telephone number to _____
- ☐ 10. Change payee name to _____
- ☐ 11. Change payee address to _____
- City _____ State _____ ZIP code _____

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

SEC. 4	sign here ▶	12. Signature Applicant - Required)	13. Phone Area code and number - Required)	14. Date (Required)
			()	

For Agency Use Only

SECTION 5	Additional Changes by Agency	<input type="checkbox"/> 17. Change SIC code _____	<input type="checkbox"/> 20. Change mail code status _____
	<input type="checkbox"/> 15. Change security level _____	<input type="checkbox"/> 18. Add/Change employing agency number _____	<input type="checkbox"/> 21. Hold bypass _____
	<input type="checkbox"/> 16. Add/Change securing source agency _____	<input type="checkbox"/> 19. Change master status _____	<input type="checkbox"/> 22. Unmask TIN _____

☐ Number Change / Merge

SECTION 6	<input type="checkbox"/> 23. Texas Identification Number (TIN)	<input type="checkbox"/> SSN - 9 digits
	<input type="checkbox"/> Change	<input type="checkbox"/> ITIN - 9 digits
	From _____ <input type="checkbox"/> Merge To _____	<input type="checkbox"/> EIN - 9 digits
		<input type="checkbox"/> TIN - 11 digits

Authorized Agency Signature

SECTION 7	sign here ▶	24. Authorized signature State agency representative - Required)	25. Phone Area code and number - Required)	26. Date (Required)
			()	
	27. Agency Name (Required)		28. Agency number (Required)	
	29. Comments (Optional)			

Instructions for Payee Change Request

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).

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

Section 1: Payee Identification

1. **Texas Identification Number (TIN):** Enter the payee's 11-digit TIN.
2. **Payee name*:** Enter the payee's name (up to 50 characters including spaces and special characters).

Section 2: Master Payee Changes

3. **Change ownership type code to:** Enter the one-letter code indicating the changed/ correct ownership type (see TexPayment Resource's list of ownership types on FMX).
4. **Add/Change sole owner's name*:** Enter the added/changed sole owner's name (up to 50 characters including spaces and special characters).
5. **Add/Change sole owner's SSN or ITIN:** Enter the added/changed sole owner's 9-digit SSN or ITIN.
6. **Add/Change partner information to:** Enter the added/changed information for Partner 1 name* and number and Partner 2 name* and number.
7. **Add/Change Texas Secretary of State file number to:** Enter the added/changed 10-digit file number. If less than 10 digits, add preceding zeros (this field must contain digits other than zeros).

Section 3: Mail Code Changes

8. **Mail code:** Enter the 3-digit mail code.
9. **Add/Change telephone number to:** Enter the payee's new/changed area code and phone number.
10. **Change payee name to:** Enter the new/changed payee name* (up to 50 characters including spaces and special characters)
11. **Change payee address** to:** Enter the new/changed address. The first three (3) lines are provided for the delivery address information — enter **City**, **State**, and **ZIP code** (required) in their appropriate fields.

NOTE: Delivery address, city, state and ZIP will be validated against the U.S. Postal Service standards. For foreign addresses, see TexPayment Resource's instructions for foreign payees on FMX.

Section 4: Authorized Signature

12. **Authorized signature:** The applicant's original signature. **(Required)**
13. **Phone number:** Enter the area code and phone number of the applicant/payee who signed this form. **(Required)**
14. **Date:** Enter the date of signature. **(Required)**

Applicants / payees should submit this form to the agency with which they are conducting business.

Section 5: Additional Changes (For Agency Use Only)

15. **Change security level:** Enter **0**, **1** or **2**. (Agencies may process their own changes from 2 to 1 or 0, or from 1 to 0.)
16. **Add/Change securing source agency:** Enter the added/changed 3-digit agency number.
17. **Change SIC code:** Enter the changed 4-digit SIC code (see TexPayment Resource's list of SIC codes on FMX).
18. **Add/Change employing agency number:** Enter the changed 3-digit employing agency number for the state employee.
19. **Change master status:** Enter **A** (Active) or **I** (Inactive). Payments will not process to mail codes with an inactive status.
20. **Change mail code status:** Enter **A** (Active) or **I** (Inactive). Agencies may process their own changes to an active mail code if the mail code was inactivated by TINS with "cleanup." For more information, see TexPayment Resource's Payee Mail Code Information on FMX.
21. **Hold bypass:** Enter one of the following codes.
 - 1 Bypass holds for an annuity net pay or annuity child support deduction
 - 2 Bypass holds for bankruptcy or IRS tax levy (see TexPayment Resource's information on hold bypass indicators on FMX).
 - D Delete (blank); removes an existing 1 or 2 value.
22. **Unmask TIN:** Enter one of the following codes.
 - Y Print the 11-digit TIN on the face of the warrant. (NOTE: this is required by IRS for tax levy payments.)
 - D Delete (blank); remove an existing Y value.

Section 6: Number Change/Merge (For Agency Use Only)

23. **Texas Identification Number (TIN):** Enter the 11-digit Texas Identification Number (TIN) in the From field, then check the appropriate box to indicate a change or merge.
 - If **Change** is selected, select the type of number (SSN, EIN or ITIN) and enter that 9-digit number in the **To** field.
 - If **Merge** is selected, enter the 11-digit TIN to be merged.

Section 7: Number Change/Merge (For Agency Use Only)

24. **Authorized signature:** The authorized state agency representative's original signature. **(Required)**
25. **Phone number:** Enter the area code and phone number of the applicant or authorized state agency representative who signed this form. **(Required)**
26. **Date:** Enter the date of signature. **(Required)**
27. **Agency name:** Enter the state agency name of the authorized agency representative who signed this form. **(Required)**
28. **Agency number:** Enter the 3-digit agency number of the authorized state agency representative.
29. **Comments:** Enter comments, as necessary *optional*.

Name fields must not contain a percent sign (%), period (.) or comma (,).

*** Address field must not contain a dash (-), percent sign (%) or asterisk (*) as the first character of each address line.*

State agencies may only FAX completed forms to the Comptroller's Fiscal Management Division – Payment Services at 512-475-5424 when TINS edits prevent the entry.