



STATE OF MARYLAND
VENDOR MAINTENANCE REQUEST

Please check boxes below for documents attached with this request.

51 or 52 screen prints from R*STARS
First supporting document
Second supporting document

Acceptable supporting documents:
W-9 signed and dated by the vendor, invoice, vendor contract, government-issued ID, web page, household mail, loan/grant application, credentialing application, or other independent source (CJAMS, MMIS).

Email completed form to GAD's secure email box GADCSC@marylandtaxes.gov.

SECTION I – Identifying Information *Required fields outlined in red.*

Batch Agency Code: *e.g. D13, N24, R32*
Vendor ID: *Prefix plus TIN* Mail Code(s):
Current Vendor Name in R*STARS:
Is Vendor a State Employee? Yes No

SECTION II – Action Requested *Select at least one action.*

UPDATE - *only select if vendor has a change to name, address or contact information*

Change Vendor Name:
Change Vendor Address: Line 1
Line 2
Change City, ST, or ZIP:
Change Telephone: Change Fax:

ACTIVATE – *only select if vendor is inactive (I status)*

UNDELIVERABLE CHECK # *Check must be in “U” status to be remailed*

INACTIVATE – List Mail Code(s) and reason to inactivate:

OTHER CHANGES – Please be specific:

SECTION III – Authorization

Requested by: Date:
I attest that I am an authorized Vendor Coordinator.
Agency Vendor Coordinator Signature: Phone:
Printed VC Name: Email:

SECTION IV – GAD Administrative Use Only

GAD Input By: GAD Reviewed By: