



## GARNISHMENT VENDOR PAYEE FORM

The State of Oklahoma requires the following information for all garnishment vendors (payees) before any payments can be made. This information is used to establish you in the state’s vendor file or update existing information.

State agency should complete and submit form via email to OMES Vendor Registration at [vendor.form@omes.ok.gov](mailto:vendor.form@omes.ok.gov) or via fax at 405-521-3663.

### AGENCY INFORMATION

Agency Name \_\_\_\_\_ | Contact Name \_\_\_\_\_

Contact Email \_\_\_\_\_ | Phone \_\_\_\_\_

Add New Vendor  Update Existing Vendor

PeopleSoft Vendor ID: \_\_\_\_\_

Update Address \_\_\_\_\_  Additional Address \_\_\_\_\_

### PAYEE INFORMATION

#### Payee Tax Identification Number (TIN)

Employer Identification Number \_\_\_\_\_ -OR- Social Security Number \_\_\_\_\_

*\*\*Note: Tax Identification Number used for U.S. Entity Identification Purposes Only - not used for IRS 1099 reporting purposes, please refer to IRS Form W-9 for instructions.*

\_\_\_\_\_  
**Name** - Primary or parent entity name matching the TIN provided above, as filed with U.S. Internal Revenue Service

\_\_\_\_\_  
**Additional Name** -Doing Business As or Disregarded Entity Name

#### Remit Address

\_\_\_\_\_  
PO Box or Street

\_\_\_\_\_  
City \_\_\_\_\_ | State \_\_\_\_\_ | 9-Digit Zip (Required) \_\_\_\_\_

#### Contact Information

\_\_\_\_\_  
E-mail Address \_\_\_\_\_ | Phone \_\_\_\_\_ | Fax \_\_\_\_\_