

**UNITED STATES DISTRICT COURT**  
EASTERN DISTRICT OF WISCONSIN  
OFFICE OF THE CLERK

362 U.S. COURTHOUSE  
517 E. WISCONSIN AVE  
MILWAUKEE, WI 53202

STEPHEN C. DRIES  
CLERK

TEL: 414-297-3372  
FAX: 414-297-3253  
[www.wied.uscourts.gov](http://www.wied.uscourts.gov)

Dear Service Provider,

To expedite processing of your invoices and payments, you are highly encouraged to **renew your registration** in the System for Award Management (SAM) at <https://www.sam.gov> . **Please note there is no fee associated with registration in SAM.** Any request for payment for registration should be treated as fraudulent. Instructions for SAM registration renewals are attached. When you have completed the SAM registration process, please notify our office at [financial@wied.uscourts.gov](mailto:financial@wied.uscourts.gov).

If you do not wish to renew your SAM registration at this time, you must complete the attached AO213 Vendor Information/TIN Certification form and return it to our office. It can be mailed to 517 E. Wisconsin Ave, Rm. 362, Milwaukee, WI 53202 or emailed to [financial@wied.uscourts.gov](mailto:financial@wied.uscourts.gov).

We cannot issue purchase orders or process payments until 1) you have notified our office of your completed SAM registration **-or-** 2) we have received a completed AO213 from you.

If you have any questions, please feel free to contact our office.

Very truly yours,

Stephen C. Dries  
Clerk, US District Court

Linda M. Klemm  
Financial Manager

# Quick Start Guide for Updating an Entity Registration

## Helpful Information

### Viewing Your Entity Record

- If you chose to make your record public, you can view your entity registration by going to [www.sam.gov](http://www.sam.gov), selecting Search Records, and searching by your DUNS Number or Legal Business Name
- If your record is available in the public search, but expired, you can view it by searching for your entity by DUNS Number or Legal Business Name, selecting the "Inactive" checkbox, and clicking the "Apply Filters" button
- If you opted out of public search, you will need to log into SAM with the appropriate user account, select Entity Registrations and then Existing Entity Registrations to view your record

### Requirements for Submitting Your Registration

- To submit your update, you must review the entire record
- If you have updated your entity's physical address, make sure to update the address Dun and Bradstreet (D&B) has on file prior to updating the registration in SAM
- If your registration requires Reqs & Certs (formerly ORCA), make sure you select the checkbox certifying to the accuracy of the data on the "Review Reqs & Certs" page

## Steps for Updating an Entity

1. Go to [www.sam.gov](http://www.sam.gov) and login with your SAM username and password.
2. On the My SAM page, select Entity Registrations and then Existing Entity Registrations from the sub-navigation menu.
3. Select the Legal Business Name of the entity you want to update from the Entity List.
4. Select Update Entity from the Registration Details panel.
5. Please note, you may not update a registration in Submitted status. You may only update registrations that are Active, Expired, or a Work in Progress.
6. You may delete a Work in Progress if necessary. This will not affect your Active or Expired entity registration.
7. Select what you would like to update: Purpose of Registration and remaining entity registration, All sections applicable to the registration besides the Purpose of Registration, or Point of Contacts only (skip to step 9).
8. Update the Core Data section.
9. Update the Assertions section (not required if registering for Federal Assistance opportunities only).
10. Update the Representations and Certifications section (not required if registering for Federal Assistance opportunities only).
11. Update the Points of Contact section, including optional POCs. You may remove optional POCs if they are no longer relevant.
12. If you qualify as a small business, update your information in SBA's Dynamic Small Business Search (DSBS) or apply for a small business certification via the "SBA Supplemental" page.
13. Select Submit.

**Please note:** If your registration update requires IRS or CAGE revalidation, it could take 10-12 business days for it to become active and replace your previous registration.

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS  
Accounting Division

**VENDOR INFORMATION/TIN CERTIFICATION**  
Mandatory Information that **MUST** be provided before submission

<input type="checkbox"/> Ex-AO Employee
<input type="checkbox"/> SAM Vendor (Formerly CCR)
(No TIN Certification Required)

Vendor Address	Other Address (If different from Vendor Address)
Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099	Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099
<b>Name:</b>	Address:
Business Name: <i>(if different from above)</i>	City:
<b>Address 1:</b>	State:                      Zip Code:
Address 2:	Phone #:
<b>City:</b>	Description: <i>(If needed)</i>
<b>State:</b> <b>Zip Code:</b>	
<b>Phone #:</b> <b>E-mail:</b>	
<b>Taxpayer Identification #:</b> <i>(TIN, SS, or EIN number)</i>	
DUNS #	
Financial Information	
Bank Name:	Routing # <i>(this nine digit number appears on your checks, but do not include individual check numbers):</i>
City:	Account #:
State:                      Zip Code:	Type of Account: <i>(select one)</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Type of Organization for 1099 reporting:

- |   |   |
|---|---|
| <input type="checkbox"/> sole proprietorship;   | <input type="checkbox"/> partnership;                           |
| <input type="checkbox"/> corporate entity <i>(not tax-exempt)</i> ;                         | <input type="checkbox"/> corporate entity <i>(tax-exempt)</i> ; |
| <input type="checkbox"/> health care provider;  | <input type="checkbox"/> other: _____                           |
| <input type="checkbox"/> government entity <i>(write in either federal, state or local)</i> | _____   |

**Taxpayer Identification Number Certification**

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
3. I am a U.S. citizen or other U.S. person *(defined below)*.

You must select this check box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

**Definitions:**

"Taxpayer Identification (*TIN, SS, or EIN number*)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of [31 U.S.C. §§ 7701\(c\) and 3325\(d\)](#), reporting requirements of [26 U.S.C. §§ 6041 and 6041A](#), and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government ([31 U.S.C. § 7701\(c\)\(3\)](#)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

- The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
- The vendor is an agency or instrumentality of a foreign government;

**Additional information required for vendors used for procurement  
(purchase orders, contracts, etc.)**

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

- Women Owned Business  Not Applicable
- Minority Owned Business (*If yes, select one of the owner's race/ethnicity selections from below*):
  - Asian-Pacific American  Black American  Subcontinent Asian (Asian-Indian)American
  - Hispanic American  Native American  Other: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Vendor's signature*

**For Agency Use Only**

The vendor name and DUNS number is all that is required for registered System for Award Management (SAM) vendors (formerly CCR). (Check [www.sam.gov](http://www.sam.gov) for registration status.) Do not use this form for purchase card merchants.

Mark Boxes that apply:  Addition  Change  Vendor Code: \_\_\_\_\_ (*make entry only if change*)  
 Active  Inactive  Vendor Type: \_\_\_\_\_

The following information is optional for individuals whose name and telephone are already on the form:	
Contact Name: _____	Email: _____
Telephone Number: _____	Email: _____

Identification of person making this request:	
Name: _____	
Telephone Number: _____	Originating Office: _____

Please type or print clearly. Please type or print clearly. For JIFMS Users only, e-mail the completed form to: [jifms@support.aotx.uscourts.gov](mailto:jifms@support.aotx.uscourts.gov). For Court FAS4T Users, send this form to the local court Vendor Administrator. For questions regarding JIFMS and Court FAS4T please contact SDSO at (210) 301-6320.

This form should be completed with signature by the vendor and submitted by Judiciary staff only. Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.