

In accordance with Internal Revenue Service and State of Ohio regulations, we are required to obtain the following information for all businesses and individuals to whom we make payments.

OSU Internal Use Only: Any external-to-OSU communication containing sensitive information should include "osusecure" in the email subject line. See [OCIO KB04012](#) with questions. Contact your Supplier Maintenance Team with questions.

Payee Setup Form

Page 1: IRS Substitute W9 and Contact Information for Non-US entities

General Information <small>Complete all fields as directed</small>														
Are you a current or former OSU Employee?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Enter your Employee ID										
<input type="checkbox"/> Individual Name	First		Middle		Last									
OR			DBA Business Name or Disregarded Entity Name											
<input type="checkbox"/> Legal Business Name														
Phone	Additional Phone	Business Contact Name												
FAX	Remittance Email	Purchase Order Email												
Remittance/Billing Address														
<input type="checkbox"/> Mailing/PO location														
<input type="checkbox"/> Other	City	State/Province	Region/County	Zip/Postal Code										
Additional Address														
<input type="checkbox"/> Mailing/PO location														
<input type="checkbox"/> Other	City	State/Province	Region/County	Zip/Postal Code										
1099 Income Reporting Address														
<input type="checkbox"/> Mailing/PO location														
<input type="checkbox"/> Other	City	State/Province	Region/County	Zip/Postal Code										
Federal Tax Classification <small>Select ONE Classification and provide all other applicable information.</small>														
<input type="checkbox"/> Individual	Date of Birth (MM/DD/YYYY)		Required by State Law											
Select type:	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Non-resident Alien*- Country of Citizenship:											
<small>*Additional documentation required. See instructions for details.</small>														
<input type="checkbox"/> Sole Proprietor/Single Member LLC (Disregarded)	Date of Birth (MM/DD/YYYY)		# of Employees											
<small>Required by State Law</small>														
<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/Estate											
<input type="checkbox"/> LLC= C Corporation	<input type="checkbox"/> LLC= S Corporation	<input type="checkbox"/> LLC= Partnership	<input type="checkbox"/> Other											
<input type="checkbox"/> Government/Tax exempt agency	<input type="checkbox"/> Foreign (W-8 form required)	Exemption from FATCA:	Reporting code (if any)	Exempt Payee Code (If any)										
Taxpayer Identification Number <small>Required for US Citizens, Resident Aliens, and US Businesses</small> <small>Select ONE and input the 9 digit number in the box below without dashes.</small>														
<input type="checkbox"/> Federal Employer Identification Number (FEIN)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>													
<input type="checkbox"/> US Social Security Number (SSN/ITIN)														
Certification* - Under penalties of perjury, I certify that: I am exempt from backup withholding and/or FATCA reporting. I am a U.S. citizen or other person as defined in IRS forms W-9 or W-8BEN Instructions. I certify that the information shown is correct to my knowledge. I certify that I have read and understand The Ohio State University Wexner Medical Center's Supplier/Payee Interaction Policy, and will abide by it. If any certification does not apply, strike through the specific section before signing. Please provide an explanation of the change to the document.														
Print Name			Date											
Signature <small>(Digital Accepted)</small>			Title											

Payee Setup Form

Page 2: Payment Information, Federal and State Certifications

Reason for Payment

If you are not providing a good or service, please select the type of payment from the Miscellaneous Reasons list.
 Type of Goods/Services Provided: _____ Miscellaneous Reasons: _____

Payment Terms

The preferred method of payment for The Ohio State University is Electronic Funds Transfer (EFT) via Automated Clearing House (ACH). The university has developed standard terms for supplier payments as detailed below. Please select one:

- Net 60 default
 1%/45 Day/Net 60
 2%/30 Day/Net 60
 3%/15 Day/Net 60
 Net 90 terms for printed checks

Business Information

Check all that apply:

- Construction
 Distributor (WholesaleTrade)
 Educational Institution
 Government
 Manufacturer
 Non Profit
 Retailer
 Other

UEI Number _____

Website _____

Federal Supplier Certifications US-based Suppliers Only

Complete the following section with classification status as defined in [Federal Acquisitions Regulations \(FAR\) 19.1](#). It is recommended that you register your company with the U.S. System for Award Management: <https://sam.gov/SAM/>

- Check all that apply:**
 Small Business: Number of Employees
 Large Business
 Service-Disabled Veteran
 Veteran-Owned Business
 Woman-Owned Business
 Located in Hub zone
 Disadvantaged Business (Minority)
 Minority-based Institutions (Historically Black Colleges & Universities)

Ohio Supplier Certifications Ohio-based Suppliers Only

Complete the following section for all applicable Ohio supplier certifications below: <https://ohio.gov/wps/portal/gov/site/government/topic-hubs/transparency/transparency>

- Women Business Enterprise (WBE)
 Veteran Business Enterprise (VBE)
 Minority Business Enterprise (MBE)

All Business Enterprises: See <http://eodreporting.oit.ohio.gov/searchMBE.aspx> to verify status and attach your current certification letter.

- Encouraging Diversity Growth & Equity (EDGE). See <http://eodreporting.oit.ohio.gov/searchEDGE.aspx> attach your current EDGE certification.

- Ohio-Based Suppliers reference Buy Ohio ([Ohio Revised Code Sections 125.09 and 125.11](#)).

- No Findings for Recovery: The Supplier warrants that it is or is not subject to any "unresolved" finding for recovery under [Ohio Revised Code Section 9.24](#)

Name of **County** where business is located: _____

Certification

Under penalties of perjury, I certify that the information shown on this form is accurate. I certify that the company's principals and/or directors are not public employees which include The Ohio State University. Section 2921.42 of the Ohio revised code prohibits public employees and their families from contracting with The Ohio State University in most instances. I also certify that the company is not debarred in accordance with Federal Acquisition Regulation (FAR) Section 9.4 from receiving federally funded procurements and I certify that the company has no "unresolved findings for recovery" under Ohio Revised Code Section 9.24. By signing below, the company agrees with 1 or more of the following:

- The Ohio State University Office of Sponsored Programs' standard purchase order (PO) terms and conditions available [online](#) The Ohio State University
 Purchasing Department standard PO terms and conditions available [online](#)
 The Ohio State University Wexner Medical Center standard PO terms and conditions available [online](#)

*Important: If a potential for conflict of interest exists, or the company is prohibited to sign, or cannot agree to the certifications and all applicable PO terms and conditions; return completed form unsigned with an attached explanation.

Print Name	Title
Signature (Digital Accepted)	Date

The Ohio State University reserves the right to request information concerning, but not limited to: financial status of applicant, business references, names of principal shareholders of corporation, and equal employment opportunity compliance.

*If you do not respond to inquiries for the above information, your name may be removed from our supplier database.