

INSTRUCTIONS:

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.

- Fill out all the information that applies to you/your business. ("Individuals" only fill out page 1 and 3)
- See Instruction pages for full details.
- Submit these completed forms securely to your University contact.

Vendor Setup Form

Page 1: IRS Substitute W9

General Information

Fill out all information that applies to you and/or your business.

| | | | |
|---|--|----------------------|------------------|
| OSU Employee | Yes | No | |
| Individual Name | First | Middle | Last |
| OR | Legal Business Name | | |
| | DBA Business Name or Disregarded Entity Name | | |
| Address Line 1 | | | |
| Address Line 2 | | | |
| City | State | County | ZIP code +4 |
| Phone | FAX | Purchase Order Email | Remittance Email |
| Remit To Address (if different from above) | | | |
| City | State | ZIP code +4 | |
| Foreign Address (Required for Non-Resident Alien) | | | |
| City | State/Province/Region | Postal Code/Country | |

Federal Tax Classification

Select ONE Classification and provide all other applicable information.

| | | | |
|---|--|---|--|
| Individual* *ONLY FILL OUT PAGE 1 | → | Date of Birth (MM/DD/YYYY) Required by State Law | _____ / _____ / _____ |
| Select type: | US Citizen | Resident Alien* | Non-resident Alien*- Country of Citizenship: _____ *Additional documentation may be required. See instructions for details. |
| Sole Proprietor/Single Member LLC (Disregarded) | → | Date of Birth (MM/DD/YYYY) Required by State Law | _____ / _____ / _____ |
| C Corporation | S Corporation | Partnership | Trust/Estate |
| LLC= C Corporation | LLC= S Corporation | LLC= Partnership | Other List type _____ |
| Government/Tax exempt agency | Exemption from FATCA : | Reporting code (if Any) | Exempt payee code (if Any) |

Taxpayer Identification Number

Select ONE and complete box below.

| | | |
|-----------|---|----------------------|
| OR | Federal Employer Identification Number (FEIN) | <input type="text"/> |
| | US Social Security Number | <input type="text"/> |

Certification

Under penalties of perjury, I certify that I am exempt from backup withholding and/or FATCA reporting, and that the information shown on this form is correct to my knowledge. I am a U.S. citizen or other U.S. person as defined in IRS Form W-9 Instructions. Strike through and provide explanation if not applicable.

I certify that I have read and understand The Ohio State University Wexner Medical Center's [Vendor Interaction Policy](#), and will abide by it.

| | |
|-------------------------------|-------|
| Print Name | Date |
| Signature (Original Ink Only) | Title |