

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?		Yes	No	If Yes, Enter your Employee ID									
Individual Name	First		Middle	Last									
OR	Legal Business Name		DBA Business Name or Disregarded Entity Name										
Phone	Additional Phone		Business Contact Name										
FAX	Remittance Email		Purchase Order Email										
Remittance/Billing Address													
<small>Mailing/PO location</small>													
Other	City	State/Province	Region/County	Zip/Postal Code									
Additional Address													
<small>Mailing/PO location</small>													
Other	City	State/Province	Region/County	Zip/Postal Code									
1099 Income Reporting Address													
<small>Mailing/PO location</small>													
Other	City	State/Province	Region/County	Zip/Postal Code									
Federal Tax Classification <small>Select ONE Classification and provide all other applicable information.</small>													
Individual	Date of Birth (MM/DD/YYYY)												
	<small>Required by State Law</small>												
Select type:	US Citizen	Resident Alien	Non-resident Alien* - Country of Citizenship:										
			<small>*Additional documentation required. See instructions for details.</small>										
Sole Proprietor/Single Member LLC (Disregarded)	Date of Birth (MM/DD/YYYY)		# of Employees										
	<small>Required by State Law</small>												
C Corporation	S Corporation	Partnership	Trust/Estate										
LLC= C Corporation	LLC= S Corporation	LLC= Partnership	Other										
Government/Tax exempt agency	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. Select ONE and input the 9 digit number in the box below without dashes.</small>													
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>											
OR	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				
<p>If you are not providing a good or service, please select the type of payment from the Miscellaneous Reasons list.</p> <p>Type of Goods/Services Provided: _____ Miscellaneous Reasons: _____</p>				
Payment Terms				
<p>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:</p>				
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:				UEI Number
Construction	Distributor <small>(WholesaleTrade)</small>	Educational Institution	Government	
Manufacturer	Non Profit	Retailer	Other	Website
Federal Supplier Certifications <small>US-based Suppliers Only</small>				
<p>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/</p>				
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 <small>(Historically Black Colleges & Universities)</small>	
Ohio Supplier Certifications <small>Ohio-based Suppliers Only</small>				
<p>Complete the following section for all applicable Ohio supplier certifications below: https://ohio.gov/wps/portal/gov/site/government/topic-hubs/transparency/transparency</p>				
Women Business Enterprise (WBE)	Veteran Business Enterprise (VBE)	Minority Business Enterprise (MBE)		
<p>All Business Enterprises: See http://eodreporting.ohio.gov/searchMBE.aspx to verify status and attach your current certification letter.</p>				
<p>Encouraging Diversity Growth & Equity (EDGE). See http://eodreporting.ohio.gov/searchEDGE.aspx attach your current EDGE certification.</p>				
<p>Ohio-Based Suppliers reference Buy Ohio (Ohio Revised Code Sections 125.09 and 125.11).</p>				
<p>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</p>				
Name of County where business is located: _____				
Certification				
<p>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.</p> <p>By signing below, the company agrees with 1 or more of the following:</p> <p>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</p> <p>The Ohio State University Wexner Medical Center standard PO terms and conditions available online</p> <p>*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.</p>				
Print Name		Title		
Signature <small>(Digital Accepted)</small>		Date		
<p>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.</p> <p>*If you do not respond to inquiries for the above information, your name may be removed from our supplier database.</p>				