

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)
- See Instruction pages for full details.
- Submit this completed form 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*

(*As shown on your federal income tax return)

Business name/disregarded entity name (If different from above)

Address

City State County ZIP code

Phone FAX General E-mail

Remit To Address (If different from above)

City State ZIP code

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* _____ → Date of Birth (MM/DD/YYYY)
*ONLY FILL OUT PAGE 1 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 _____ → 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.

Federal Employer Identification Number (FEIN)

OR US Social Security Number

--	--	--	--	--	--	--	--	--	--

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.

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**