

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 fill out page 1 and 3 for EFT/ACH deposit, not including businesses)
- See Instruction pages for full details.
- Submit these completed forms to your University or Medical Center contact.

Supplier/Payee Setup Form

Page 1: IRS Substitute W9/Contact Information

General Information Complete all fields as directed

OSU Employee <input type="radio"/> Yes <input type="radio"/> No			
<input type="checkbox"/> Individual Name	First	Middle	Last
<input type="checkbox"/> OR <input type="checkbox"/> Legal Business Name	DBA Business Name or Disregarded Entity Name		
Permanent/Remit to Address Address Line 1			
Address Line 2			
City	State/ Province	County/ Region	Zipcode +4 /Postal Code
Phone	FAX	Remittance Email	
Mailing/Purchase Order Address (If different from above) Address Line 1			
Address Line 2			
City	State/ Province	County/ Region	Zipcode +4 /Postal Code
Purchase Order Email			

Federal Tax Classification (Individuals and US Businesses only)
Select ONE Classification and provide all other applicable information.

<input type="checkbox"/> Individual* *ONLY FILL OUT PAGE 1	→ 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) Required by State Law	If Sole Prop/Single LLC, # of Employees	
<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 Required for US Citizens, Resident Aliens, and US Businesses
Select ONE and complete box below without dashes.

<input type="radio"/> 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> </tr> </table>								
<input type="radio"/> OR <input type="radio"/> 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 US person as defined in IRS form W-9 Instructions. I certify that the information shown is correct to my knowledge.

<input type="checkbox"/> 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.	
Print Name	Date
Signature <small>(Digital Accepted)</small>	Title

*If any certification does not apply, strike through the specific section before signing. Please provide an explanation of the change to the document.