STUDENT ACTIVITIES

This document outlines the required fields in the Payee Set-Up Form and what is expected in each section of each page for student organizations to receive payments from the university.

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

- OSU Employee
 - o Select "No"
- Legal Business Name
 - This needs to be written in the box on the left side and needs to match what's on your bank account.
- DBA Business Name
 - o This needs to be written in the box on the right side and needs to match your EIN letter.
- Full Business Address
 - Most orgs put the Ohio Union as their address, as mail can be accepted in the KBK Center Resource Room. CSA Funding checks will still be picked up at the Resource Room versus mailed to the organization regardless of the listed address.
 - Ohio Union Address: 1739 N High St, Columbus, OH 43210
- Federal Tax Classification
 - Do not fill out section for Individual
 - Most orgs are Other: Social/Savings Club (this is what we recommend orgs identify as)
 - It is always a good idea to check your EIN letter or contact the IRS to know what classification your org is registered as.
- EIN
 - Your Treasurer should have your organization's EIN letter from the IRS with your EIN. If they do not have this letter, you can check if a previous Treasurer listed your EIN in the <u>Student Organization Management System</u> under "Funding" --> "EIN Information".
 - o If you cannot find your EIN, contact the IRS to get the EIN or apply for a new one.
- Print Name
 - o Your Name
- Title
 - Your position within the organization
- Signature
 - Sign the document (this cannot be typed)
- Date
 - Put today's date



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Page 2: Payment Information, Federal and State Certifications

- Reason for Payment
 - Type of Goods/Service Provided
 - Do not select
 - O Click on drop down box for Miscellaneous Reasons
 - Select Student Organization Payment
- Payment Terms
 - Click on the box "Net 90 terms for printed checks"
 - Note: You will receive your check around 30 days
- Business Information
 - Do not select
- Federal Supplier Certification
 - Do not select
- Ohio Supplier Certification
 - Do not select
- Print Name
 - o Your Name
- Title
 - Your position within the organization
- Signature
 - Sign the document (this cannot be typed)
- Date
 - Put today's date

