

**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.

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.

**INSTRUCTIONS:**

- All payees complete pages 1 and 2.
- New EFT and updates to banking information complete pages 3 and 4.
- Attach all requested documents.
- See Page 5 & 6 for detailed instructions
- Submit completed forms to your University or Medical Center contact

**Payee Setup Form**

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

**General Information** Complete all fields as directed

Are you a current or former OSU Employee ?	Yes	No	If Yes, Enter your Employee ID	
Individual Name	First	Middle	Last	
<b>OR</b>	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				
Mailing/PO location				
Tax location				
Other	City	State/Province	Region/County	Zip/Postal Code
Additional Address				
Mailing/PO location				
Tax location				
Other	City	State/Province	Region/County	Zip/Postal Code

**Federal Tax Classification**  
Select ONE Classification and provide all other applicable information.

Individual	Date of Birth (MM/DD/YYYY) <small>Required by State Law</small>			
<b>Select type:</b>	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) <small>Required by State Law</small>	# of Employees		
C Corporation	S Corporation	Partnership	Trust/Estate	
LLC= C Corporation	LLC= S Corporation	LLC= Partnership	Other	
Government/Tax exempt agency	Foreign ( <a href="#">W-8 form</a> required)	Exemption from <b>FATCA:</b>	Reporting code (if any)	Exempt Payee Code (If any)

**Taxpayer Identification Number** Required for US Citizens, Resident Aliens, and US Businesses  
Select ONE and input the 9 digit number in the box below without dashes.

<b>OR</b>	Federal Employer Identification Number (FEIN)	<input type="text"/>
	US Social Security Number (SSN/ITIN)	<input type="text"/>

**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.

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.