

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 and 3)
- See Instruction pages for full details.
- Submit these completed forms securely 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
As shown on your federal income tax return
OR
 Legal Business Name DBA Business Name or Disregarded Entity Name
As shown on your federal income tax return

Address Line 1 **1739 N. High Street**

Address Line 2

City **Columbus** State **OH** County **Franklin** ZIP code **+4**

Phone FAX Purchase Order Email Remittance Email

Remit To Address (If different from above)

City State ZIP code +4

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) Required by State Law
*ONLY FILL OUT PAGE 1
 Select type: US Citizen Resident Alien* Non-resident Alien*- Country of Citizenship: _____
*Additional documentation may be required. See instructions for details.

Sole Proprietor/Single Member LLC (Disregarded) 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 Reporting code (if Any) Exempt payee code (if Any)
[FATCA:](#)

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. Strike through and provide explanation if not applicable.

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