

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	Yes	No	
Individual Name	First	Middle	Last
OR 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.

Individual* <input type="checkbox"/> ONLY FILL OUT PAGE 1	Date of Birth (MM/DD/YYYY) Required by State Law
Select type:	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) <input type="checkbox"/>	Date of Birth (MM/DD/YYYY) Required by State Law <small>If Sole Prop/Single LLC, # of Employees</small>
C Corporation S Corporation Partnership Trust/Estate	
LLC= C Corporation LLC= S Corporation LLC= Partnership Other	
Government/Tax exempt agency 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.

Federal Employer Identification Number (FEIN)	<input type="text"/>
OR 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 US person as defined in IRS form W-9 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 (Digital Accepted)	Title

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

INSTRUCTIONS:

The Ohio State University, Office of Sponsored Programs and The Ohio State University Wexner Medical Center require this page for all businesses (Individuals excluded)

- Fill out all the information that applies to your business.
- Submit these completed forms to your University or Medical Center contact.

Supplier/Payee Setup Form
Page 2: Business Profile, Federal and State Certifications
Business Information

Individual Name First <small>As shown on your federal income tax return</small>	Middle	Last					
OR Legal Business Name <small>As shown on your federal income tax return</small>	DBA Business Name or Disregarded Entity Name						
Contact Person, Title	Website						
UEI Number	Standard F.O.B.						
Check all that apply: Other	Construction	Distributor (Whole Sale Trade)	Educational Institution	Government	Manufacturer	Non-Profit	Retailer
	Foreign (Foreign entities are required to provide an appropriate W-8 form)		Place of performance:		United States	Other:	

Payment Information

The preferred method of payment for The Ohio State University is EFT (Electronic Funds Transfer) via Automated Clearing House (ACH). The university has developed standard terms for supplier payments as detailed below. Please select one:

ACH Terms: Net 60 Days 1%/45 Day/Net 60 2%/30 Day/Net 60 3%/15 Day/Net 60 Check Terms: Net 90 if check
Default, if no discount

Federal Supplier Certifications US-based Suppliers Only

Complete the following section with classification status as defined in [Federal Acquisitions Regulations \(FAR\) 19.1](#). It is recommended that you register your company with the U.S. System for Award Management: <https://sam.gov/SAM/>

Check all that apply: Small Business: Number of Employees Large Business Service-Disabled Veteran Veteran-Owned Business
 Woman-Owned Business Located in Hub zone Disadvantaged Business (Minority) Minority-based Institutions (Historically Black Colleges & Universities)

Ohio Supplier Certifications Ohio-based Suppliers Only

Complete the following section for all applicable Ohio supplier certifications below; <https://ohio.gov/wps/portal/gov/site/government/topic-hubs/transparency/transparency>

Women Business Enterprise (WBE) Veteran Business Enterprise (VBE) Minority Business Enterprise (MBE)

All Business Enterprises: See <http://eodreporting.oit.ohio.gov/searchMBE.aspx> to verify status and attach your current certification letter.

Encouraging Diversity Growth & Equity (EDGE). See <http://eodreporting.oit.ohio.gov/searchEDGE.aspx> attach your current EDGE certification.

Ohio-Based Suppliers reference Buy Ohio ([Ohio Revised Code Sections 125.09 and 125.11](#)).

No Findings for Recovery: The Supplier warrants that it is or is not subject to any "unresolved" finding for recovery under [Ohio Revised Code Section 9.24](#)

Name of **County** where business is located:

Certification

Under penalties of perjury, I certify that the information shown on this form is accurate. I certify that the company's principals and/or directors are not public employees which include The Ohio State University. Section 2921.42 of the Ohio revised code prohibits public employees and their families from contracting with The Ohio State University in most instances. I also certify that the company is not debarred in accordance with Federal Acquisition Regulation (FAR) Section 9.4 from receiving federally funded procurements and I certify that the company has no "unresolved findings for recovery" under Ohio Revised Code Section 9.24.

By signing below, the company agrees with 1 or more of the following:

The Ohio State University Office of Sponsored Programs' standard purchase order (PO) terms and conditions available [online](#)

The Ohio State University Purchasing Department standard PO terms and conditions available [online](#)

The Ohio State University Wexner Medical Center standard PO terms and conditions available [online](#)

*Important: If a potential for conflict of interest exists, or the company is prohibited to sign, or cannot agree to the certifications and all applicable PO terms and conditions; return completed form unsigned with an attached explanation.

Print Name	Title
Signature <small>(Digital Accepted)</small>	Date

The Ohio State University reserves the right to request information concerning, but not limited to: financial status of applicant, business references, names of principal shareholders of corporation, and equal employment opportunity compliance.

*If you do not respond to inquiries for the above information, your name may be removed from our supplier database.

Supplier/Payee Setup Form Instructions

Thank you for your interest in The Ohio State University. This form is used to add a new supplier/payee to the supplier/payee database, or to change information to an existing supplier/payee. Purchase orders and payments can only be issued for suppliers and payees that are in the database. We have provided this information to assist you in completing the required University form.

Return the completed form to your University contact. (Pages 1-3 only)

All information on this form is required unless noted.

Note: If the tax classification of "Individual" is selected, complete only page 1. All others must complete both pages 1-2. If you prefer an EFT/ACH payment rather than a check, please also complete page 3 and provide the documentation listed below as required.

Page1: IRS Substitute W-9

Page 1 of this form is a Substitute W-9. Per the IRS, "If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9." ([IRS website](#))

General Information	
OSU Employee	Check YES if you are currently an OSU employee. If you select yes, you will be contacted for further information.
Individual or Legal Business Name	Enter the complete Individual or Legal business name. This is the name used with the IRS.
Business/ (DBA)	Enter if applicable. (DBA= Doing Business As) certain vendors may use a business name that is different than the name they use with the IRS.
Addresses	Enter all applicable addresses: Address-Payee's residence or Order-to location. Remit To Address- Address where payment should be sent. US Addresses should contain ZIP Code +4 https://tools.usps.com/go/ZipLookupAction_input Foreign Address- Required for all Non-resident Aliens; must include US address if currently residing in the US.
Phone/Fax/Email	Enter contact information.
Federal Tax Classification	
Tax Classification	<p>Check the appropriate box (as defined by the IRS. Reference IRS form W-9 Specific instructions)</p> <ul style="list-style-type: none"> • Individual*: If you are an individual, also provide your date of birth *You only need to fill out page 1 of the form <ul style="list-style-type: none"> ○ Check one of the following as it pertains to you: <ul style="list-style-type: none"> ▪ US Citizen ▪ Resident Alien ▪ Non-Resident Alien: provide your country of citizenship. If already in the US or coming to the US, provide copy of your passport and proof of visa type. You may be contacted for further information. • Sole Proprietor/ Single Member LLC (disregarded): provide your date of birth and number of employees • Foreign: If Foreign entity is selected, you must provide an appropriate W8 form (as required by the IRS) • Other: provide tax classification if not listed on form <ul style="list-style-type: none"> ○ Enter your reporting and exempt payee code (if applicable) <p>FATCA: http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA</p>
Taxpayer Identification Number	
Enter the IRS issued Federal Employer Identification Number (FEIN) or a Taxpayer Identification Number (TIN). Individuals must list their Social Security Number (SSN). This will be a nine digit number.	
Certification	
<p>The Ohio State University Office of Sponsored Programs' standard purchase order (PO) terms and conditions available online at: https://go.osu.edu/ortermsandconditions The Ohio State University Purchasing Department standard PO terms and conditions available online at: https://busfin.osu.edu/sites/default/files/osu_termsandconditions_0.pdf The Ohio State University Wexner Medical Center standard PO terms and conditions available online at: http://www.go.osu.edu/POtermsandconditions</p> <p>*Important: If a potential for conflict of interest exists, or the company is prohibited to sign, or cannot agree to the certifications and all applicable PO terms and conditions; return completed form unsigned with an attached explanation.</p> <p>Enter your name, date and title. Signature can be in ink or digital. *If any certification does not apply, strike through the specific section before signing. Please provide an explanation of the change to the document.</p>	

Page2: Supplier/Payee Profile and Business Status Certification

Business Information	
Individual or Legal Business Name	Enter the complete Individual or Legal business name. This is the name used with the IRS.
Business/ Disregarded Entity name (DBA)	<p>Enter if applicable. (DBA= Doing Business As) certain vendors may use a business name that is different than the name they use with the IRS.</p> <p>Enter all information as requested</p> <p>If Foreign entity is selected, you must provide an appropriate W8 form (as required by the IRS)</p> <p style="text-align: center;">http://www.irs.gov/ (search W8)</p>
Payment Information	
<p>The preferred method of payment for The Ohio State University is EFT (Electronic Funds Transfer) via Automated Clearing House (ACH). The university has developed standard terms for supplier payments as detailed on page 2. Please select one option.</p> <p>If the EFT Authorization form is not complete and does not have the required verification, then the default terms are Net 90 check.</p> <p>If the EFT Authorization form is complete with verification, then the default terms are Net 60 EFT/ACH</p>	
Federal Supplier Certifications US-based Suppliers Only	
<p>Complete this section with classification status as defined in Federal Acquisitions Regulations (FAR) 19.1. It is recommended that you register your company with the U.S. System for Award Management: https://sam.gov/SAM/ Select all that apply.</p>	
Ohio Supplier Certifications Ohio-based Suppliers Only	
<p>Complete this section for all applicable Ohio supplier certifications; see https://ohio.gov/wps/portal/gov/site/government/topic-hubs/transparency/transparency Attach additional documents as necessary. Verify No Findings for Recovery and select appropriate box. Indicate the name of the county where the business is located in Ohio.</p>	
Certification	
<p>Read and understand the certifications. Enter your name, date, and title. Signature can be in ink or digital</p>	