The Ohio State University
AP Payment Compliance Form
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

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. Please fill out all the information that applies to you or your business.

1. Provide General information:
   Taxpayer Name
   Business Name (if applicable)
   Address
   City State ZIP Code
   Phone Fax

2. Check the most appropriate category below (please check only one):
   - Sole Shareholder of a Corporation or Sole Member of a Limited Liability Company
     Date of Birth* ___ / ___ / ______ (MM/DD/YYYY) *Required by State Law
   - Individual
     Date of Birth* ___ / ___ / ______ (MM/DD/YYYY) *Required by State Law
   - Corporation
   - Partnership
   - Government agency or organization that is tax-exempt under Internal Revenue Service guidelines (e.g., IRC 501(c)3 entities)
   - Sole Proprietorship
     Date of Birth* ___ / ___ / ______ (MM/DD/YYYY) *Required by State Law

3. Provide Taxpayer Identification Number
   Social Security Number: _____ - ___ - __________
   □ U.S. Citizen □ Resident Alien □ Non-resident Alien

   OR
   Federal Employer Identification Number (EIN): _____ - ______________

4. Certification – Sign and date AP Payment Compliance Form **
   Under penalties of perjury, I certify that the information shown on this form is correct to my knowledge
   Signature _____________________________ Date __________
   Title _____________________________

   **If the payment is being made in settlement of a lawsuit, the information on this form may be obtained from plaintiff's counsel or from OSU Human Resources (if the plaintiff is a current or former employee).

Please write legibly and complete form in ink. Submit form to Ohio Union Business office:
- e-mail: Pelletier.12@osu.edu; Phone: (614) 292-7924
- Fax: (614) 292-1816

FOR OSU USE ONLY

Submitted by Department Representative Contact phone number

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