THE OHIO STATE UNIVERSITY

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 Vendor Maintenance Team with questions.

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
As shown on your federal income tax return

DBA Business Name or Disregarded Entity Name

Address Line 1

Address Line 2

City | State | County | 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 FATCA: | Reporting code (If Any) | Exempt payee code (If Any)

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