

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 <input type="radio"/> Yes <input type="radio"/> No											
<input type="checkbox"/> Individual Name <small>As shown on your federal income tax return</small>	First	Middle	Last								
OR											
<input type="checkbox"/> Legal Business Name <small>As shown on your federal income tax return</small>	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) Complete Address with Street Address											
City	State/Province/ Region	Postal Code/ Country									
Federal Tax Classification											
Select ONE Classification and provide all other applicable information.											
<input type="checkbox"/> Individual* <small>*ONLY FILL OUT PAGE 1</small>	Date of Birth (MM/DD/YYYY) <small>Required by State Law</small> / /										
Select type: <input type="checkbox"/> US Citizen	<input type="checkbox"/> Resident Alien*	<input type="checkbox"/> Provide copy of Passport, Visa & visa documents Non-resident Alien*- Country of Citizenship: _____ <small>*Additional documentation may be required. See instructions for details.</small>									
<input type="checkbox"/> Sole Proprietor/Single Member LLC (Disregarded)	Date of Birth (MM/DD/YYYY) <small>Required by State Law</small> / /										
<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/Estate								
<input type="checkbox"/> LLC= C Corporation	<input type="checkbox"/> LLC= S Corporation	<input type="checkbox"/> LLC= Partnership	<input type="checkbox"/> Other <small>List type _____</small>								
<input type="checkbox"/> 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.											
<input type="radio"/> Federal Employer Identification Number (FEIN)	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>										
OR											
<input type="radio"/> 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. <small>Strike through and provide explanation if not applicable.</small>											
<input type="checkbox"/> 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									



Vendor Setup Form Instructions

Thank you for your interest in The Ohio State University. This form is used to add a new vendor to the vendor database, or to change information to an existing vendor. Purchase orders and payments can only be issued for vendors 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 page 1-3.

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." (<http://www.irs.gov/pub/irs-pdf/fw9.pdf>)

General Information	
OSU Employee	Check YES or NO 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/ Disregarded Entity name (DBA) Addresses	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. 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 all information.
Federal Tax Classification	
Tax Classification	Check the appropriate box (as defined by the IRS. Reference IRS form W-9 Specific instructions, Page 2, Name.) <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 • Other: provide tax classification if not listed on form • FATCA: http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA <ul style="list-style-type: none"> ○ Enter your reporting and exempt payee code (if applicable)
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	
Enter your name, date and title. Signature must be in ink; electronic signatures are not acceptable at this time. Strike through if certification does not apply to you and provide explanation as to why.	