

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	
<small>As shown on your federal income tax return</small>				
OR	Legal Business Name		DBA Business Name or Disregarded Entity Name	
<small>As shown on your federal income tax return</small>				
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* <input type="checkbox"/>	Date of Birth (MM/DD/YYYY)			
<small>*ONLY FILL OUT PAGE 1</small>	<small>Required by State Law</small>		____/____/____	
Select type:	US Citizen	Resident Alien*	Non-resident Alien*- Country of Citizenship: _____	
<small>*Additional documentation may be required. See instructions for details.</small>				
Sole Proprietor/Single Member LLC (Disregarded) <input type="checkbox"/>	Date of Birth (MM/DD/YYYY)			
		<small>Required by State Law</small>	____/____/____	
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.

OR	Federal Employer Identification Number (FEIN)	<input type="text"/>
	US Social Security Number	<input type="text"/>

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

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

- Fill out all the information that applies to you/your business.
- Submit these completed forms securely to your University contact.

Vendor Setup Form

Page 2: Vendor Profile and Business Status Certification

Business Information			
Individual Name First <small>As shown on your federal income tax return</small> OR Legal Business Name <small>As shown on your federal income tax return</small>		Middle	Last
		DBA Business Name or Disregarded Entity Name	
Contact Person, Title		Website	
DUNS Number		Standard F.O.B.	
Check all that apply: Government Other _____	Construction Manufacturer Foreign (Foreign entities are required to provide an appropriate W-8 form) Place of performance:	Distributor (Whole Sale Trade) Non-Profit United States	Educational Institution Retailer Other Location: _____
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 <small>Default, if no discount</small>	1%/45 Day/Net 60	2%/30 Day/Net 60
		3%/15 Day/Net 60	Check Terms: Net 90 if check
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: Woman-Owned Business Located in Hub zone	Small Business: Number of Employees _____ Veteran-Owned Business Alaska Native Corporations and Indian Tribes	Large Business Service-Disabled Veteran Historically Black Colleges & Universities/Minority-based Institutions	Disadvantaged Business (Minority)
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			
Minority Business Enterprise (MBE). See http://eodreporting.oit.ohio.gov/searchMBE.aspx to verify status and attach your current MBE 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.			
Also, by signing below, the company agrees with The Ohio State University Office of Sponsored Programs' standard purchase order (PO) terms and conditions available online at: http://osp.osu.edu/files/2013/10/OSURETermsAndConditions.pdf and/or 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 and/or The Ohio State University Wexner Medical Center standard PO terms and conditions available online at: https://wexnermedical.osu.edu/-/media/files/wexnermedical/utility/footer-pages/supplier-interaction/2020-purchasing-order-terms-and-conditions.pdf?la=en&hash=498A9C59B722A598074AB7E76F1A057E6D0AF99B *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 (Original Ink Only)		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.			



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS OF ELECTRONIC FUND TRANSFER (EFT) PAYMENTS

TYPE OF TRANSACTION: [] NEW EFT Sections 1, 2, 4 REQUIRED [] CHANGE TO EXISTING Sections 1, 2, 3, 4 REQUIRED [] CANCEL EFT Sections 1, 2, 4 REQUIRED

SECTION 1 - CONTACT INFORMATION

Form with fields: PAYEE NAME, ADDRESS, CITY, STATE, ZIP + 4, CONTACT PERSON, CONTACT PHONE, CONTACT EMAIL, PAYMENT REMITTANCE EMAIL, FEDERAL TAX ID or SSN

SECTION 2 - FINANCIAL INFORMATION (If changing, this is the information to which past OSU direct deposits have been sent)

Form with fields: FINANCIAL INSTITUTION NAME, PHONE, ACCOUNT NUMBER AT ABOVE INSTITUTION, TRANSIT ROUTING/ABA NUMBER, CONTACT PERSON, CONTACT PHONE

SECTION 3 - NEW FINANCIAL INFORMATION (Changes)

Form with fields: FINANCIAL INSTITUTION NAME, PHONE, ACCOUNT NUMBER AT ABOVE INSTITUTION, TRANSIT ROUTING/ABA NUMBER, CONTACT PERSON, CONTACT PHONE

SECTION 4 - AUTHORIZATION

This authorization agreement is effective as of the signature date and is to remain in full effect until revoked by the vendor in writing, or terminated by The Ohio State University (the university). As a representative of the vendor, you authorize the university to initiate credit entries to your account in the financial institution identified above and also debit entries, if necessary, for any credit entries that are determined to be in error. Once EFT has been set up, all payments will be made via EFT.

- It is the responsibility of the payee, to keep the university informed of any changes in name, address, banking, contact, or other. Failure to do so may prevent you from being paid properly or receiving remittance information. Please report changes 30 days prior to change.
• If the account information changes, you are agreeing to submit an updated EFT Authorization Agreement, and voided check or bank letter
• EFT payments may take several days for processing through the banking system before they appear in your bank account.
• When an EFT payment is processed, a system generated remittance email is sent containing the payment information, and an Excel attachment.
• The system generated e-mails can go only to the address specified on the EFT form. Multiple e-mails cannot be sent.
• HTML format is required to read and open the system generated EFT remittance e-mails and attachments.
• It is the vendor's responsibility to "white list" APNotify@ctrl.ohio-state.edu , OSURF_Direct_Deposit@rf.ohio-state.edu, to ensure e-mails are received properly.
• If the remittance e-mails are not being received, contact the university to see if the email was returned "undeliverable" at apcustomerservice@osu.edu; If the e-mails are not being returned to the university as "undeliverable" this indicates that they were successfully sent, and there is an issue on the receiving end. You will need to contact your IT department to resolve the issue. The university will not re-create remittance notifications due to your inability to properly receive or handle e-mails.
• Failure to properly hand EFT remittances and apply EFT payments may result in termination of payments via EFT.

You must submit a voided check; or a Bank Account Verification Letter with the following:

*On Official Bank Letterhead; *Dated (with a "current" date); *Name(s) of Authorized Signers(s); *Business Name / DBA that applies to this account
*Routing # and Account # for ACH; *A statement verifying the account is in "Good Standing" as of the date on the letter; *Signed by a Branch Manager showing their legible, printed name and title;
*An active phone # of the signing officer (hours to be reached); *EIN or last 4 digits of SSN

Form with fields: NAME, TITLE, SIGNATURE, DATE

SECURELY SUBMIT THIS COMPLETED FORM WITH YOUR VOIDED CHECK OR BANK LETTER TO:

BF-PRSM-Webform@osu.edu

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.	

Page2: Vendor 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>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>	
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 certification. Enter your name, date and title. Signature must be in ink; electronic signatures are not acceptable at this time.</p>	