



OSU Internal Use Only  
Vendor ID Number \_\_\_\_\_

**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)
- See Instruction pages for full details.
- Submit this completed form 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)

**OR**

Legal Business Name\*

(\*As shown on your federal income tax return)

Business name/disregarded entity name (if different from above)

Address

City    State    County    ZIP code

Phone    FAX    General E-mail

Remit To Address (if different from above)

City    State    ZIP code

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)  
\*ONLY FILL OUT PAGE 1      Required by State Law      \_\_\_\_/\_\_\_\_/\_\_\_\_

**Select type:**      US Citizen      Resident Alien\*      Non-resident Alien\*- Country of Citizenship: \_\_\_\_\_  
\*Additional documentation may be required. See instructions for details.

Sole Proprietor            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.

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

**OSU Internal Use Only**  
**Vendor ID Number** \_\_\_\_\_

**INSTRUCTIONS:**

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

- Fill out all the information that applies to you/your business.
- Submit this completed form to your University contact.

**Vendor Setup Form**

**Page 2: Vendor Profile and Business Status Certification**

**Business Information**

Individual Name* (First/Middle/Last) <b>OR</b> Legal Business Name* <small>(*As shown on your federal income tax return)</small>			
Business name/disregarded entity name (If different from above)			
Contact Person, Title		Website	
DUNS Number		Standard F.O.B.	
Check all that apply:	Construction	Distributor (Whole Sale Trade)	Educational Institution
Government	Manufacturer	Non-Profit	Retailer
Other _____	Foreign (Foreign entities are required to provide an appropriate <a href="#">W-8 form</a> )		
Place of performance: United States Other Location: _____			

**Payment Information**

See Instruction page 4 for further details

Payment Method:  
[OSU EFT Form](#) or [OSUWMC EFT Form](#)

**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/portal/public/SAM#1#1SAM>

**Check all that apply:**

Small Business: Number of Employees _____	Large Business
Woman-Owned Business	Veteran-Owned Business
Service-Disabled Veteran	Disadvantaged Business (Minority)
Located in Hub zone	Alaska Native Corporations and Indian Tribes
Historically Black Colleges & Universities/ Minority-based Institutions	

**Ohio Supplier Certifications Ohio-based Suppliers Only**

Complete the following section for all applicable Ohio supplier certifications below; see <http://thinkohiofirst.ohio.gov/>.

Minority Business Enterprise (MBE). See <http://das.ohio.gov/edu/eod/eodmbeoff.htm> to verify status and attach your current MBE certification letter.

Encouraging Diversity Growth & Equity (EDGE). See <http://das.ohio.gov/eod/Edge/Index.htm> to verify status/ 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/documents/purchasing/OSURFTermsAndConditions.pdf> and/or

The Ohio State University Purchasing Department standard PO terms and conditions available online at:

[http://purchasing.osu.edu/FileStore/PDFs/OSU\\_TermsAndConditions.pdf](http://purchasing.osu.edu/FileStore/PDFs/OSU_TermsAndConditions.pdf) and/or

The Ohio State University Wexner Medical Center standard PO terms and conditions available online at:

[http://medicalcenter.osu.edu/SiteCollectionDocuments/ematerials/OSUHS\\_PO\\_Terms\\_and\\_Conditions.pdf](http://medicalcenter.osu.edu/SiteCollectionDocuments/ematerials/OSUHS_PO_Terms_and_Conditions.pdf)

\*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.

## 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. (Page 1 and 2 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 and 2.

### 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	
<b>OSU Employee</b>	Check YES or NO if you are currently an OSU employee. If you select yes, you will be contacted for further information.
<b>Individual or Legal Business Name</b>	Enter the complete Individual or Legal business name. This is the name used with the IRS.
<b>Business/Disregarded entity name (DBA)</b>	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.
<b>Addresses</b>	Enter all applicable addresses: Address-Payee's residence or Order-to location. Remit To Address- Address where payment should be sent. Foreign Address- Required for all Non-resident Aliens; must include US address if currently residing in the US.
<b>Phone/Fax/Email</b>	Enter all information.
Federal Tax Classification	
<b>Tax Classification</b>	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"> <li>• 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"> <li>○ Check one of the following as it pertains to you:                   <ul style="list-style-type: none"> <li>▪ US Citizen</li> <li>▪ Resident Alien</li> <li>▪ 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.</li> </ul> </li> </ul> </li> <li>• Sole Proprietor: provide your date of birth</li> <li>• Other: provide tax classification if not listed on form</li> <li>• FATCA: <a href="http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA">http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA</a> <ul style="list-style-type: none"> <li>○ Enter your reporting and exempt payee code (if applicable)</li> </ul> </li> </ul>
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.	



Page2: Vendor Profile and Business Status Certification

**Business Information**

<b>Individual or Legal Business Name</b>	Enter the complete Individual or Legal business name. This is the name used with the IRS.
<b>Business/Disregarded entity name (DBA)</b>	<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><a href="http://www.irs.gov/">http://www.irs.gov/</a> (search W8)</p>

**Payment Information**

The preferred method of payment for The Ohio State University is EFT (Electronic Funds Transfer) via Automated Clearing House (ACH). OSU, OSU Office of Sponsored Programs and OSU Wexner Medical Center have separate Purchasing and Accounts Payable departments and require unique enrollment forms. Please follow the instructions for how to complete and return it along with the other required new vendor paperwork. If you are unsure of which unit you are working with, please ask the person that provided you with the new vendor forms.

**Federal Supplier Certifications US-based Suppliers Only**

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/portal/public/SAM#1#1SAM>. Select all that apply.

**Ohio Supplier Certifications Ohio-based Suppliers Only**

Complete this section for all applicable Ohio supplier certifications; see <http://thinkohiofirst.ohio.gov/>  
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.

**Certification**

Read and understand the certification.  
Enter your name, date and title. Signature must be in ink; electronic signatures are not acceptable at this time.