



The Ohio State University
AP Payment Compliance Form – IRS Substitute W-9
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. Fill out all the information that applies to you or your business. Please write legibly and complete form in ink. Submit form to your university contact.

1. Provide General Information

Individual Name (as shown on your US income tax return) _____ Unit Name _____
 First _____ Middle _____ Last _____
 Business Name (as shown on your US income tax return) _____
 Business Name (if different from above) _____
 Website (if applicable) _____
 Address _____
 City _____ State _____ County _____ ZIP Code _____
 Phone _____ Fax _____ E-mail _____
 Foreign Address _____
 City _____ State/Province/Region _____ Postal Code/Country _____

2. Check Appropriate Box for Federal Tax Classification

- Individual / 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
- Government agency or organization that is tax-exempt under Internal Revenue Service guidelines (e.g., IRC 501(c)3 entities)

3. Provide Taxpayer Identification Number

US Social Security Number: - -

OR

Federal Employer Identification Number (EIN): -

4. Classification – Individuals Only

U.S. Citizen Resident Alien Non-resident Alien _____
 Country of Citizenship

5. 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 _____
 Print Name _____ 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).**

OSU USE ONLY – Submittal Instructions

Vendor Maintenance Requests entered through Purchasing require that this form is submitted as an attachment. AP Payment Compliance forms for vendor adds or address updates entered through PREP, Travel or as an address change should be faxed to the appropriate department.

- Individual – submit to Accounts Payable at Fax: (614) 292-2294
- Supplier – submit to Purchasing at Fax: (614) 247-8659

Department Representative/University Contact _____ Contact phone number _____ Voucher ID (if applicable) _____