

**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>				
<b>OR</b>				
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>		____/____/____	
<b>Select type:</b>	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 <a href="#">FATCA</a> :	Reporting code (if Any)	Exempt payee code (if Any)	
	_____	_____	_____	

**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