

Vendor Setup Form

OSU Internal Use Only: Any external-to-OSU communication containing sensitive information should include "osusecure" in the email subject line. See <u>OCIO KB04012</u> with questions. Contact your <u>Vendor Maintenance Team</u> 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)
- See Instruction pages for full details.
- Submit these completed forms securely to your University contact.

Page 1: IRS Substitute W9					
General Information Fill out all information that applies to you and/or your busine	ess.				
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 diffi	erent from above)				
Address					
City State		County	ZIP code +4		
Phone FAX		Purchase Order Email	Remittance Email		
Remit To Address (If different from above)					
City	State		ZIP code		
Foreign Address (Required for Non-Resident Alien)			+4		
City State/Province/ Region		Postal Code/ Country			
Federal Tax Classification	-6				
Select ONE Classification and provide all other applicable in Individual* Date of B	irth (MM/DD/YYYY)				
*ONLY FILL OUT PAGE 1 Required by	•		_		
Select type: US Citizen F	Resident Alien*	Non-resident A *Additional document	lien*- Country of Citizenship:tation may be required. See instructions for details.		
Sole Proprietor/Single Member LLC (Disregarded) — Date of Birth (MM/DD/YYYY) Required by State Law/					
C Corporation S Co	orporation	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. Strike through and provide explanation if not applicable.					
I certify that I have read and understand The Ohio State University Wexner					
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 form for all vendors (Individuals excluded)

Fill out all the information that applies to you/your business.

Vendor Setup Form

Page 2: Vendor Profile and Business Status Certification • Submit these completed forms securely to your University contact.					
Business Information					
Individual Name* (First/Middle/	Last)				
OR Legal Business Name*					
(*As shown on your federal income tax reti					
Business name/Disregarded enti	y 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	Other Foreign (Foreign entities are required to provide an appropriate W-8 form) Place of performance: United States Other Location:				
Payment Information	·				
The preferred payment method for The Ohio State University is EFT (Electronic Funds Transfer). See page 3. Note: If you are an Ohio State University Wexner Medical Center vendor, see OSUWMC EFT Form					
Federal Supplier Certifica					
Complete the following section with classification status as defined in <u>Federal Acquisitions Regulations</u> (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:	Small Business: Number of Employees	Large Bus	iness		
Woman-Owned Business	Veteran-Owned Business	Service-Disabled Veteran	Disadvantaged Business (Minority)		
Located in Hub zone	Alaska Native Corporations and Indian Tri	bes Historically Black Colleges & Un	iversities/Minority-based Institutions		
Ohio Supplier Certification	ns Ohio-based Suppliers Only				
Complete the following section for all	applicable Ohio supplier certifications bel	OW; https://ohio.gov/wps/portal/gov/site/governn	nent/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 <a 9.24.<="" code="" finding="" for="" href="http://eodreporting.com/ht</td><td>oit.ohio.gov/searchEDGE.aspx attach you</td><td>ur current EDGE certification.</td></tr><tr><td colspan=6>Ohio-Based Suppliers reference Buy Ohio (Ohio Revised Code) Sections 125.09 and 125.11).</td></tr><tr><td colspan=6>No Findings for Recovery: The Supplier warrants that it is or is not subject to any " ohio="" recovery="" revised="" section="" td="" under="" unresolved"="">				
Name of County where business is lo	cated:				
Certification					
include The Ohio State University. Section 2 instances. I also certify that the company is certify that the company has no "unresolved Also, by signing below, the company agrees http://osp.osu.edu/files/2013/10/OSURFTen		c employees and their families from contracting sition Regulation (FAR) Section 9.4 from receivi e Section 9.24. ored Programs' standard purchase order (PO) to	with The Ohio State University in most ng federally funded procurements and I		
https://busfin.osu.edu/sites/default/files/osu_					
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/OSUHS-PO-Terms-and-Conditions.pdf?la=en					
*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 rigl of corporation, and equal employment opp	nt to request information concerning, but not limitortunity compliance.	ited to: financial status of applicant, business re	eferences, names of principal shareholders		

*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: ☐ CANCEL EFT ☐ NEW EFT ☐ CHANGE TO EXISTING Sections 1, 2, 4 REQUIRED Sections 1, 2, 3, 4 REQUIRED Sections 1, 2, 4 REQUIRED SECTION 1 – CONTACT INFORMATION 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) FINANCIAL INSTITUTION NAME: PHONE: ACCOUNT NUMBER AT ABOVE INSTITUTION: TRANSIT ROUTING/ABA NUMBER: **CONTACT PERSON: CONTACT PHONE:** SECTION 3 – NEW FINANCIAL INFORMATION (Changes) 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@ctlr.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 NAME: TITLE: SIGNATURE: DATE:

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



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 Enter the complete Individual or Legal business name. This is the name used with the IRS. **Business Name** 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. Business/ **Disregarded Entity** Enter all applicable addresses: name (DBA) Address-Payee's residence or Order-to location. **Addresses** 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. Enter all information.

Phone/Fax/Email

Federal Tax Classification

Tax Classification

Check the appropriate box (as defined by the IRS. Reference IRS form W-9 Specific instructions, Page 2, Name.)

- Individual*: If you are an individual, also provide your date of birth
 *You only need to fill out page 1 of the form
 - Check one of the following as it pertains to you:
 - 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
 - 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) 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 information as requested

If Foreign entity is selected, you must provide an appropriate W8 form (as required by the IRS)

http://www.irs.gov/ (search W8)

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 <u>Federal Acquisitions Regulations</u> (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.

Ohio Supplier Certifications Ohio-based Suppliers Only

Complete this section for all applicable Ohio supplier certifications; see <a href="https://ohio.gov/wps/portal/gov/site/government/topic-hubs/transparency/trans

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.