

Vendor Setup Form

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 these completed forms to your University contact.

Page 1: IRS Substitute W9		Submit those completed forms to your oniversity	ty contact.
General Information Fill out all information that applies to you and/or your b	usiness.		
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 Alie	en)		
City	State/Province/	Postal Code/	
Fadaral Tay Classification	Region	Country	
Federal Tax Classification Select ONE Classification and provide all other applica	able information.		
**************************************	of Birth (MM/DD/YYYY) ed by State Law		
Select type: US Citizen	Resident Alien*	Non-resident Alien*- Country of Citizensh *Additional documentation may be required. See inst	
Sole Proprietor/Single Member LLC ((Disregarded)	Date of Birth (MM/DD/YYYY) Required by State Law	
C Corporation	S Corporation	Partnership Trust/Est	tate
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 An	uy)
Taxpayer Identification Number Select ONE and complete box below.			
Federal Employer Identification Numl	per (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 i i	·	ner Medical Center's <u>Vendor Interaction Policy</u> , and will ab	pide by it.
Print Name		Date	
Signature (Original Ink Only)		Title	



Vendor Setup Form

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.

Page 2: Vendor Profile and Bus	siness Status Certification		Submit these completed for	ms to your University contact.
Business Information				
Individual Name* (First/Middl OR Legal Business Name* (*As shown on your federal income tax re				
Business name/Disregarded en				
Contact Person, Title		Website	9	
DUNS Number		Standa	d F.O.B.	
Check all that apply: Government Other	Construction Manufacturer Foreign (Foreign entities are re Place of performance:	Nor		Educational Institution Retailer
Note: If you are an Ohio State Unive	for The Ohio State University is E ersity Wexner Medical Center vendor, cations US-based Suppliers Only	•	, , ,	e 3.
Complete the following section with company with the U.S. System for A	classification status as defined in Federal Name of Status as defined in Federal Name	eral Acquisitions oortal/public/SA	Regulations (FAR) 19.1. It is M#1#1SAM	recommended that you register your
Check all that apply:	Small Business: Number of Employe	ees	Large Bu	siness
Woman-Owned Business Located in Hub zone	Veteran-Owned Business		Service-Disabled Veteran	Disadvantaged Business (Minority)
Ohio Supplier Certificati	Alaska Native Corporations and India Ons Ohio-based Suppliers Only	an mbes F	instolically Black Colleges & O	niversities/Minority-based Institutions
• • • • • • • • • • • • • • • • • • • •	all applicable Ohio supplier certification	ns below; see <u>h</u>	ttp://www.ohio.gov/governmen	nt/transparency/.
Minority Business Enterprise (MBE). See http://eodreporting.oit.ohio.	gov/searchMBE	.aspx to verify status and attac	ch your current MBE certification letter.
Encouraging Diversity Growth	& Equity (EDGE). See http://eodrepor	ting.oit.ohio.go	v/searchEDGE.aspx attach yo	our current EDGE certification.
Ohio-Based Suppliers reference	ce Buy Ohio (Ohio Revised Code Secti	ons 125.09 and	125.11).	
No Findings for Recovery: The Section 9.24. Name of County where business is	e Supplier warrants that it is or is	not subje	ct to any "unresolved" finding f	or recovery under Ohio Revised Code

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_and/or

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

http://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

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: ☐ 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: **CONTACT PERSON: CONTACT PHONE: CONTACT E-MAIL:** PAYMENT REMITTANCE E-MAIL: 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. 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 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 e-mail 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 If the remittance e-mails are not being received, contact the university to see if the e-mail 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. SECURELY SUBMIT THIS COMPLETED FORM WITH YOUR VOIDED CHECK OR BANK LETTER TO: BF-PRSM-Webform@osu.edu NAME: TITLE: SIGNATURE: DATE:



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)

request your TIN, you must use the requester's form it it is substantially similar to this Form W-9." (http://www.irs.gov/pub/irs-pat/tw9.pat/)		
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)	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.	
Addresses	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.	
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.) 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 Alie
- 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.



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/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://www.ohio.gov/government/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.

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.