



Quick Reference Guide – Supplier/Payee Information Form

Field Name	Instructions						
<input type="checkbox"/> New Supplier <input type="checkbox"/> Update Supplier	Indicate if this is a request for a new supplier or an update to an existing supplier. To update information for an existing supplier complete only the following fields: <table border="1" style="margin-left: 20px;"> <tr> <td>• Name</td> <td>• TIN</td> </tr> <tr> <td>• Legal Business Name/ Disregarded Entity Name (if applicable)</td> <td>• Is this a replacement address? • <input type="checkbox"/> Yes <input type="checkbox"/> No (if applicable)</td> </tr> <tr> <td>• Information to be changed</td> <td>• Contact person and contact details</td> </tr> </table>	• Name	• TIN	• Legal Business Name/ Disregarded Entity Name (if applicable)	• Is this a replacement address? • <input type="checkbox"/> Yes <input type="checkbox"/> No (if applicable)	• Information to be changed	• Contact person and contact details
• Name	• TIN						
• Legal Business Name/ Disregarded Entity Name (if applicable)	• Is this a replacement address? • <input type="checkbox"/> Yes <input type="checkbox"/> No (if applicable)						
• Information to be changed	• Contact person and contact details						
General Information	Check all that apply with regards to the individual, sole proprietor or business owner submitting the W-9/W-8 Form.						
Name	Enter full name here (Last, First, MI) as shown on your income tax return and your IRS W-9/W-8 Form.						
Legal Business Name/ Disregarded Entity Name	Enter legal business name or disregarded entity name if different from "Name" above.						
Alias/DBA Name	Enter your Alias/DBA Name if different from the name you use with the IRS. *DBA= Doing Business As.						
Permanent Address (number & street or P.O. Box Required) City, State & Zip code	Enter your full address (including number, street, and apartment or suite number, city, state and zip code). Non-resident Aliens must include a foreign address and a US address if currently residing in the U.S.						
Email, Phone#, Fax#	Enter your Email, Phone#, and Fax#.						
DUNS Number	Enter your DUNS Number if you have one. * D-U-N-S® Number, unique nine-digit identifier for businesses, used to establish a Dun & Bradstreet business credit file, often referenced by lenders and potential business partners to help predict the reliability and/or financial stability of the company in question.						
Standard F.O.B.	Indicate your Standard F.O.B, Destination or Origin (Shipping Point) if applicable. *F.O.B, "Free On Board", is a term in international commercial law to specifying at what point obligations, costs, and risk involved in the delivery of goods shift from the seller to the buyer.						
Foreign <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate if you are a foreign entity. Foreign entities are required to provide an appropriate W-8 Form. For additional information, refer to the IRS W-9 and W-8 Form instructions https://www.irs.gov/forms-pubs . If you select "No" the following fields are not required and they may be left blank. <ul style="list-style-type: none"> • Place of Performance (US or Other Location) • Country of Primary Operations 						
Place of Performance (US or Other Location)	For a foreign entity, indicate where the work will be performed.						
Country of Primary Operations	For a foreign entity, indicate the country where the business is incorporated and where it primarily operates if different.						
Primary Commodity (NAICS#):	Indicate the commodity code that best matches your primary business activity based on the North American Industry Classification System (NAICS) codes. https://www.census.gov/eos/www/naics/						
Payment Information	Complete all applicable fields to request the direct deposit of your payments. Select the "Cancel Direct Deposit" box if you no longer wish to receive payments through direct deposit. Electronic Funds Transfers are only applicable for US Bank Accounts.						
Purchase Order (PO) To Remit To	These sections are not applicable to individuals. Even if direct deposit information is provided include a Remit To address to ensure prompt issuance of checks if needed.						
<i>*For multiple addresses attach on company letterhead</i>	For multiple PO/Remit To addresses, you may list all the addresses on a company letterhead document and attach to your Supplier/Payee Information Form.						
Is this a replacement address? <input type="checkbox"/> Yes <input type="checkbox"/> No	For updates to an existing supplier, indicate if the requested address should replace the existing address on file. If no option is selected, Supplier Management will add the requested address and not replace the existing.						
<input type="checkbox"/> Remit to address same as PO address	If selected, it means that the "Remit To" address is the same as the PO address, the remaining fields are not required and can be left blank.						
<input type="checkbox"/> Send 1099 to this address	If selected, Accounts Payable will sent the 1099 to the address indicated in that section.						
Address, City, State, Zip, Foreign Province, Country, Contact Name Phone, E-mail, Fax	Complete all fields. The "Purchase Order To" information indicates where to send the PO. The "Remit To" address indicates where to send the payment for an invoice. The "Foreign Province" field should be completed only when the PO is to be dispatched to an address outside the U.S.						



Field Name	Instructions
PO Dispatch Email	Email to dispatch the PO. A PO Dispatch email needs to be associated with an address. An email can be attached to multiple PO addresses.
Taxpayer Identification Number (TIN)	The Taxpayer Identification Number (TIN) in the Supplier/Payee Information Form must match the one on your W-9/W-8 Form. The TIN provided must match the name given on the Name line of the W-9/W-8 Form and the Business/Personal Information section.
<input type="checkbox"/> U.S Citizen or Legal Permanent Resident <input type="checkbox"/> Resident Alien for Tax Purposes <input type="checkbox"/> Non-resident Alien for Tax Purposes Country of Citizenship	Select one. See IRS W-9 Form instructions for definitions and additional details. For a Non-resident Alien indicate the country of citizenship and provide a copy of visa (both stamp and photo page) for work performed on US soil.
SSN EIN	Complete your SSN or EIN. The Taxpayer Identification Number (TIN) for individuals is the social security number (SSN) and for other entities the employer identification number (EIN). See IRS W-9 Form instructions for additional details.
Do you anticipate that it will be necessary to interact with any foreign officials on behalf of OU? <input type="checkbox"/> Yes <input type="checkbox"/> No	This is separate from the Taxpayer Identification Number section. Select an option based on your business and relationship with OU.
Is any owner (or family member of an owner) an official of a foreign government? <input type="checkbox"/> Yes <input type="checkbox"/> No	This is separate from the Taxpayer Identification Number section. Select an option based on your business and relationship with OU.
Federal Supplier Certifications	Select all that apply. Certifications obtained through a self-certification and registration in the System for Award Management (SAM) process. For additional information, refer to the Federal Acquisitions Regulations (FAR) Subpart 19 http://farsite.hill.af.mil/
Ohio Supplier Certifications	Select all that apply.
<input type="checkbox"/> MBE <input type="checkbox"/> EDGE <input type="checkbox"/> None of the above	If you select the MBE and/or EDGE option, attach your certification. http://eodreporting.oit.ohio.gov/searchMBE.aspx http://eodreporting.oit.ohio.gov/searchEDGE.aspx For additional information, refer to the following links. http://codes.ohio.gov/ http://eodreporting.oit.ohio.gov
No Findings for Recovery	Always select an option for the “No Findings for Recovery” question
Certification	Sent the completed and signed Supplier/Payee Information Form via mail or Email as agreed upon with the Planning Unit or Supplier Management and indicated in the “Return form to:” field. For businesses, a company representative must sign the Supplier/Payee Information Form.
For OU use only	“Supplier #” and “Return form to:” fields to be completed by Ohio University (OU).
Supplier #	Supplier identification number within BobcatBUY.
Return form to:	Return the completed and signed Supplier/Payee Information Form (“form”) to the address indicated in this field. If the “Return form to:” field is blank, return the form to the following address: Ohio University Supplier Management 1 Ohio University Ave, Athens OH 45701-2979 West Union Street Office Center (WUSOC) 213