



Payment Compliance/Vendor Maintenance Form

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Substitute W-9 Form

In accordance with Internal Revenue Service and State of Ohio regulations, Ohio University is required to obtain the following information for all businesses and individuals to whom we make payment. Please complete all of the information that applies to you or your business.

This form may be used only by a U.S. person, including a resident alien. If you are a foreign person or business, you must complete all sections of the Payment Compliance/Vendor Maintenance Form EXCEPT section number 7 and submit this form along with a properly completed Form W-8 found at www.irs.gov.

1. Business/Individual Information (ALL information required)

Taxpayer Name _____
 Business Name (if applicable) _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

2. Taxpayer Identification Number:

Federal Employer Identification Number (EIN): _____ - _____

OR

Social Security Number: _____ - _____ - _____

- U.S. Citizen Resident Alien Nonresident Alien

3. Check the most appropriate category below (check only one):

(*Required by State Law)

- Corporation Partnership
 Individual Sole Proprietorship
 Date of Birth* ____/____/____ Date of Birth* ____/____/____
 Sole Shareholder of a Corporation or Sole Member of a Limited Liability Company
 Date of Birth* ____/____/____
 Government agency or organization that is tax-exempt under IRS guidelines (e.g. IRC 501(c)3 entities)

4. Ordering Information:

Is the address listed in (1) above the primary purchasing address? Yes No

If no, complete the following for the primary purchasing address:

Contact _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

Preferred purchase order dispatch method (choose only one):

- Fax Fax #: _____
 Email Email Address: _____

5. Remittance Information:

Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

6. Check all that apply:

- My company has multiple purchasing or remittance addresses (We will contact you)
 Exempt from backup withholding
 Minority business in the State of Ohio (Enclose a copy of certification letter)
 EDGE business in the State of Ohio (Enclose a copy of certification letter)

7. Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (see instruction tab for definition)

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Signature _____ Date _____

Title (if applicable) _____

Submit form to Finance Business Services, HDL Center Rm 204, 1 Ohio University, Athens, OH 45701 or fax to (740)593-9890

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