



**The Ohio State University**  
**AP Payment Compliance Form – IRS Substitute W-9**  
 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

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 or your business. Please write legibly and complete form in ink. Submit form to your university contact.

**1. Provide General Information**

Name (as shown on your income tax return) \_\_\_\_\_  
 Business Name (if different from above) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

**2. Check Appropriate Box for Federal Tax Classification**

- Individual / Sole Proprietor Date of Birth\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY) \*Required by State Law
- C Corporation       S Corporation       Partnership       Trust/estate
- Limited Liability Company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) \_\_\_\_\_
- Government agency or organization that is tax-exempt under Internal Revenue Service guidelines (e.g., IRC 501(c)3 entities)

**3. Provide Taxpayer Identification Number**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**OR**  
 Federal Employer Identification Number (EIN): \_\_\_\_\_ - \_\_\_\_\_

**4. Classification – Individuals Only**

- U.S. Citizen       Resident Alien       Non-resident Alien

**5. Certification – Sign and Date AP Payment Compliance Form \*\***

Under penalties of perjury, I certify that the information shown on this form is correct to my knowledge  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_

**\*\*If the payment is being made in settlement of a lawsuit, the information on this form may be obtained from plaintiff’s counsel or from OSU Human Resources (if the plaintiff is a current or former employee).**

<b>OSU USE ONLY – Submittal Instructions</b>		
<ul style="list-style-type: none"> <li>Individual – submit to Accounts Payable at Fax: (614) 292-2294</li> <li>Business – submit to Purchasing at Fax: (614) 247-8659</li> </ul>		
Submitted by Department Representative	Contact phone number	Voucher ID (if applicable)