



THE OHIO STATE UNIVERSITY  
SUBSTITUTE W-9 FORM

In accordance with the Internal Revenue Service regulations, we are required to have on file, the following information on all individuals and businesses to which we make payments. Please fill out all the information that applies to your business.

**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

1. **General information:**

Taxpayer Name \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

2. **Circle the most appropriate category below:** (please circle only one)

- I am Sole Shareholder of a Corporation or a Sole Member of a Limited Liability Company
  - Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) **Required by State Law**
- Individual or Sole Proprietorship
  - Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) **Required by State Law**
- Corporation
- Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities
- OTHER (Please specify) \_\_\_\_\_

3. **Taxpayer Identification Number**

Social Security Number.  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**OR**

Federal Employer Identification Number (EIN).  
\_\_\_\_\_ - \_\_\_\_\_

4. **Sign and date the form:**

**Certification:** Under penalties of perjury, I certify that the information shown on this form is correct to my knowledge

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Title \_\_\_\_\_ Phone Number: \_\_\_\_\_

Remit form via fax to the applicable University office:

- Individuals – remit to Accounts Payable at Fax: (614) 292-2294
- Businesses – remit to Purchasing at Fax: (614) 292-6913