



The Ohio State University
AP Payment Compliance Form
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. Please fill out all the information that applies to you or your business.

1. Provide General information:

Taxpayer Name _____

Business Name (if applicable) _____

Address _____

City _____ State _____ ZIP Code _____

Phone _____ Fax _____

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

Sole Shareholder of a Corporation or Sole Member of a Limited Liability Company
 Date of Birth* ___ / ___ / ___ (MM/DD/YYYY) ***Required by State Law**

Individual
 Date of Birth* ___ / ___ / ___ (MM/DD/YYYY) ***Required by State Law**

Corporation Partnership

Government agency or organization that is tax-exempt under Internal Revenue Service guidelines (e.g., IRC 501(c)3 entities)

Sole Proprietorship
 Date of Birth* ___ / ___ / ___ (MM/DD/YYYY) ***Required by State Law**

3. Provide Taxpayer Identification Number

Social Security Number: _____ - _____ - _____

U.S. Citizen Resident Alien Non-resident Alien

OR

Federal Employer Identification Number (EIN): _____ - _____

4. 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 _____

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).**

Please write legibly and complete form in ink. Submit form to the applicable University office:

- Submit to Accounts Payable at Fax: (419) 995-8639

FOR OSU USE ONLY

Submitted by Department Representative _____

Contact phone number _____