

Be sure to complete the appropriate form (see below)

Vendors that meet the following must complete this Substitute W-9 Form:

1. You are a U.S. entity (including a resident alien); **AND**
2. You are a vendor that provides goods or services to Oregon State University; **AND**
3. You will receive payment from Oregon State University.

Vendors that are a Foreign Alien or Entity may need to complete a W-8 Form. Instructions and forms may be found at:

www.oregonstate.edu/fa/businessaffairs/sites/default/files/faa/W8.pdf. Do not use this Substitute W-9 form if you are a Foreign Alien or Entity.

Students, Staff, Volunteers, Candidates, Participants, and other persons that require vendor setup to receive a payment must have the requesting department complete the Activation & Maintenance Request for Reimbursement Payments Form found at:

www.oregonstate.edu/fa/businessaffairs/sites/default/files/faa/Activation.pdf

Instructions for completing this form

Prior to Oregon State University issuing a purchase order or payment to you, we require a completed OSU Substitute W-9 Form to be on file with the University. The OSU Substitute W-9 is used to obtain your W-9 information as well as any minority-owned, women-owned, small emerging business and disadvantaged (MWESB) status. Information on state certified MWESB status is available at the state web site: <http://egov.oregon.gov/DCBS/OMWESB/certification.shtml>.

Although the information on this form may be similar to what is typically provided on an IRS W-9 Form, an IRS W-9 Form may not be submitted in lieu of this OSU Substitute W-9 Form.

Due to the confidential information requested; the form must be mailed or faxed as directed at the bottom of this page.

Vendors must complete all sections of this form (ACH optional, but strongly encouraged). Please fill out this fill-able PDF electronically using Adobe Reader then print and sign.

1. Select *New Request* or *Update*. If *Update*, please fill in Vendor ID Number if known.
2. Enter your entity's Legal Name as found on your IRS documents and the corresponding Taxpayer ID Number.
3. If operating as a DBA, enter the name in the DBA field, otherwise leave blank.
4. Enter your entity's *Contact Information*.
5. Select all that apply for the *Vendor Type* and *MWESB* Sections.
6. Enter your entity's *Payment Address* and *Order Address*.
7. Check the box in the Payment Address section to make it your entities default address.
8. If the *Order Address* is the same as your *Payment Address* check the box above the *Order Address* section.
9. For *direct deposit* setup, enter your entity's information. Both saving and checking accounts are accepted, however no foreign banks are allowed. Payment notifications will be sent to the e-mail you provide in the *E-mail for Direct Deposit Notification* field.
10. A company officer must sign the *W-9 Certification*. Print officer name and title below signature.
11. A company officer must sign the *Direct Deposit Authorization and Agreement*. Print officer name and title below signature.
12. Send completed form to address at bottom of form.

Where to send the completed form

OSU Business Affairs, Vendor Maintenance
B306 Kerr Administration Building
Corvallis, OR 97331

OR

Fax: 541-737-2069

To protect your information, please do not return this form by e-mail

Need help?

Contact Vendor Maintenance at 541-737-0623

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| Complete form if: 1. You are a U.S. entity (including a resident alien); AND 2. You are a vendor that provides goods or services to Oregon State University; AND 3. You will receive payment from Oregon State University. | Requesting Department Contact Name: _____ Phone: _____ BC: _____ |
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|-----------------------------------|---|--|---|--|
| <input type="radio"/> New Request | <input type="radio"/> Update - Select from the following: Banner Vendor ID # _____ | <input type="checkbox"/> Tax ID <input type="checkbox"/> Legal Name <input type="checkbox"/> Vendor Type/MWESB | <input type="checkbox"/> Vendor Order Address | <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Contact Information <input type="checkbox"/> Vendor Payment Address |
|-----------------------------------|---|--|---|--|

Vendor/Company/Entity Legal Name (Must match TIN below): _____

Taxpayer Identification Number (TIN): _____ **OR** _____

Federal Tax I.D. Number SSN - Individual/Sole Proprietor

DBA Name (If Applicable): _____

Vendor Contact Information

Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

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|---|---|--------------------------|-----------------|----------------|---|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|---|--|--|
| Vendor Type - Select all that apply <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Local Government <input type="checkbox"/> Incorporated <input type="checkbox"/> State of Oregon <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Federal Agency <input type="checkbox"/> LLC | MWESB - Select all that apply <table style="width:100%;"> <tr> <td style="width:75%;"></td> <td style="width:12.5%;">State Certified</td> <td style="width:12.5%;">Self Certified</td> </tr> <tr> <td><input type="checkbox"/> Minority Business Enterprise</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Women Business Enterprise</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Emerging Small Business</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Disadvantaged Business Enterprise</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Not Applicable</td> <td></td> <td></td> </tr> </table> | | State Certified | Self Certified | <input type="checkbox"/> Minority Business Enterprise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Women Business Enterprise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Emerging Small Business | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Disadvantaged Business Enterprise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Not Applicable | | |
| | State Certified | Self Certified | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Minority Business Enterprise | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | |

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| Vendor Addresses - Payment Address (VP) Street/PO Box _____ Second Line _____ City _____ State _____ Zip _____ | Order Address (VO - For Business Entities Only) <input type="checkbox"/> Check if Order Address is same as Payment Address Street/PO Box _____ Second Line _____ City _____ State _____ Zip _____ |
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Direct Deposit Setup Information - In Oregon State University's commitment to sustainability, and to process your payment faster, we request you to complete the ACH enrollment section below. All fields must be completed for direct deposit setup.

Bank Name: _____ Email for Direct Deposit Notification: _____

Branch: _____ ABA Routing Number: _____ Account Number: _____

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| <p>Certification</p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 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 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 I am a U.S. citizen or other U.S. person. <p>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.</p> <p>Signature: _____ Date: _____</p> <p>Print Name and Title _____</p> | <p>Direct Deposit Authorization and Agreement</p> <p>I authorize Oregon State University (OSU) to initiate direct deposit of funds to the account and financial institution indicated above, and to recover funds deposited in error if necessary; in compliance with Oregon and U.S. Law, and the Automatic Clearing House (ACH) rules.</p> <p>I understand that:</p> <ol style="list-style-type: none"> It is my responsibility to provide accurate and current banking information. Notification of direct deposits will be by e-mail; and it is my responsibility to provide a valid e-mail address. It is my responsibility to verify payment has been credited to my account, and that OSU assumes no liabilities for overdraft for any reason. This authorization will remain in effect until: a) a written request is received from a vendor officer to change or terminate direct deposit agreement; b) notification is sent by my bank that the account is no longer valid; c) two (2) years after last activity with OSU. <p>Signature: _____ Date: _____</p> <p>Print Name and Title _____</p> |
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Send completed form to: Mail: OSU Business Affairs, Vendor Maintenance
B306 Kerr Administration Building **OR** **Fax: 541-737-2069**
 Questions? Call 541-737-0623 **Corvallis, OR 97331**

Business Affairs Use Only - Record Updated Date: _____ Employee Name: _____ Employee Initials: _____