



The Ohio State University
AP Payment Compliance Form
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

In accordance with the Internal Revenue Service regulations, we are required to have the following information on file for all individuals and businesses to which 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)

- 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. Provide Taxpayer Identification Number

Social Security Number: _____ - _____ - _____

Check if U.S. Citizen

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 _____

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

- Individual – remit to Accounts Payable at Fax: (614) 292-2294
- Individual’s Travel Reimbursement – remit to the Travel Office with the Reimbursement Form and receipt(s)
- Business – remit to Purchasing at Fax: (614) 247-8659