The Ohio State University Research Foundation

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 E-mail

2. Check and complete the most appropriate category below. (Please check only one.)

☐ **Individual** Date of birth * (mm/dd/yyyy) ***required by state law**

☐ Sole shareholder of a corporation or sole member of a limited liability company 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.

U.S. Social Security Number (SSN) (xxx-xx-xxxx)

☐ U.S. Citizen ☐ Resident Alien ☐ Nonresident Alien

OR

Federal Employer Identification Number (EIN) (xx-xxxxxxx)

4. Certify the information on the AP Payment Compliance Form by signing and dating below.

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

Signature Title Date

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).

Submit signed form to the Research Foundation via secure fax: 614-688-3006.

For OSU Use Only

Submitted by Department Representative Contact phone number Contact e-mail

Research Foundation Revised February 2008

Print Form

Voucher ID (if applicable)