



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:

- Individual – submit to Accounts Payable at Fax: (614) 292-2294
- Business – submit to Purchasing at Fax: (614) 247-8659

FOR OSU USE ONLY

**\* PLEASE RETURN FORM TO ME**  
via email: [brown.2993@osu.edu](mailto:brown.2993@osu.edu) or  
Fax at: (614) 292-7889

Submitted by Department Representative \_\_\_\_\_

Contact phone number \_\_\_\_\_