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](http://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](http://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 website: [http://egov.oregon.gov/DCBS/OMWESB/certification.shtml](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. Include a voided check for direct deposit verification.
11. A company officer must sign the **W-9 Certification**. Print officer name and title below signature.
12. A company officer must sign the **Direct Deposit Authorization and Agreement**. Print officer name and title below signature.
13. Send completed form to address at bottom of form.

**Items to attach to this form**
A voided check must be attached for direct deposit setup.

**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
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.

Vendor/Company/Entity Legal Name (Must match TIN below):
Taxpayer Identification Number (TIN):
DBA Name (If Applicable):

Vendor Type - Select all that apply
- Sole Proprietorship
- Partnership
- Incorporated
- Independent Contractor
- LLC

MWESB - Select all that apply
- Minority Business Enterprise
- Women Business Enterprise
- Emerging Small Business
- Disadvantaged Business Enterprise
- Not Applicable

Order Address (VO - For Business Entities Only)
- Check if Order Address is same as Payment Address

Vendor Addresses - Payment Address (VP)
- Street/PO Box
- Second Line
- City
- State
- Zip

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 and a voided check must be sent with this form for direct deposit setup.

Bank Name: __________________________
Branch: __________________________
Account Number: __________________________
ABA Routing Number: __________________________

Certification
Under penalties of perjury, I certify that:
1. 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
2. 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
3. I am a U.S. citizen or other U.S. person.

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.

Signature: __________________________ Date: __________________________
Print Name and Title

Questions? Call 541-737-0623

Mail: OSU Business Affairs, Vendor Maintenance
B306 Kerr Administration Building
Corvallis, OR 97331
OR
Fax: 541-737-2069

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