



**UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER  
W-9 SUBSTITUTE - VENDOR REGISTRATION FORM**

**DOMESTIC COMPANIES ONLY**  
***Form Must Be Printed Or Typed***

**VENDOR: Complete and return/fax to requesting OUHSC department**  
**DEPARTMENT: return/fax to OUHSC Accounts Payable, PO Box 26901, SCB 218, OKC, OK 73190/fax (405) 271-2496**  
**Questions: Email [AP-VendorOffice@ouhsc.edu](mailto:AP-VendorOffice@ouhsc.edu) OR Call (405) 271-8001 x46540**

<input type="checkbox"/> Sole Proprietorship			<input type="checkbox"/> Partnership			<input type="checkbox"/> Incorporated			<input type="checkbox"/> LLC			<input type="checkbox"/> Gov. Entity			<input type="checkbox"/> Other _____											
<input type="checkbox"/> Federal Tax Exempt Organization (Must provide documentation)																										
Company/Individual Name on IRS Record									Phone #			<input type="checkbox"/> Cell			<input type="checkbox"/> Land Line			Fax #								
Company DBA Name - <i>Payments will be made payable to this name</i>									Phone #			<input type="checkbox"/> Cell			<input type="checkbox"/> Land Line			Fax #								
W-9 or 1099 Address (PO Box, number, street, apt or suite no, city, state, 9-digit zip required)																										
Physical Address (Required if different from above):									Phone #			<input type="checkbox"/> Cell			<input type="checkbox"/> Land Line			Fax #								
(Street, City, State, 9-Digit Zip)									E-Mail Address																	
Contact Name & Title: _____																										
<input type="checkbox"/> Remit To									<input type="checkbox"/> Purchase Order									<input type="checkbox"/> Customer Service								
Phone #									<input type="checkbox"/> Cell			<input type="checkbox"/> Land Line			Fax #											
(PO Box or Street, City, State, 9-Digit Zip)									E-Mail Address																	
Contact Name & Title: _____																										

**REQUIRED:**

**Are you or any one of your company/institution's officers or owners related<sup>†</sup> to a current University employee? \_\_\_\_\_ Yes\* \_\_\_\_\_ No**  
**\*If yes, then name and relationship: \_\_\_\_\_**

*†Related defined as a family member that is within the third degree of relationship by blood or marriage and/or having a substantial financial interest relationship.*

**Merchant Category Code (MCC) required: \_\_\_\_\_**

**North American Industry Classification System (NAICS/previously SIC) required: \_\_\_\_\_**  
 See website for links to lists of codes: <http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2012>

**Business Classification (check all that apply):**

Service  Small Business  Manufacturing  General Construction  Disabled  Veteran-owned  Disadvantaged

Service-Disabled  Black  Asian-American  Hispanic  Minority Owned  American Indian/Alaskan Native

Woman Owned  HUBZone

**Other Information:** State statutes provide for the payment of interest on proper invoices submitted for payment for goods and services not paid to vendor by the close of business on the forty-fifth (45<sup>th</sup>) day after receipt of invoice. Interest shall be calculated and paid from the thirtieth (30<sup>th</sup>) day after receipt of proper invoice to the date of payments at the then current interest rate as established by the State Treasurer. **In order to expedite the payment process, all invoices should be addressed directly to the ordering department, not Accounts Payable.**

OUHSC USE ONLY: TIN \_\_\_\_\_ Vendor Number \_\_\_\_\_



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SUPPLEMENTAL INFORMATION - ALL VENDORS OR PAYEES

The information below is requested under U.S. Tax Laws.

Failure to provide this information may prevent you from being able to do business with OUHSC, or may result in OUHSC having to deduct backup withholding amounts from remittances to you.

U.S. Taxpayer Identification Number (TIN):

The TIN provided must match the Name on IRS Record, provided on previous page, to avoid backup withholding. For individuals, this is your Social Security Number (SSN). For other entities, it is your Employer Identification Number (EIN).

SSN: EIN: [This number is also known as Federal Employer Identification Number (FEIN)]

Check the box below that best describes your residency status:

- Domestic (U.S.) sole proprietorship
Domestic (U.S.) partnership
Domestic (U.S.) corporation
Domestic (U.S.) other

NOTE: Foreign (non-U.S.) sole proprietorship, partnership, corporation, other. You will need to complete the Substitute W-8 Vendor Form.

Definitions (IRS Publication 515):

Domestic Entity (sole proprietorship, partnership, corporation, other): One that was created or organized in the U.S., or under the laws of the U.S. or any of its states.

Foreign Entity (sole proprietorship, partnership, corporation, other): One that does not fit the definition of a domestic entity.

Federal and State Healthcare Program Certification: [Vendor] represents and warrants [to Facility] that [Vendor], its officers, directors, agents, and employees (i) are not currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs as defined in 42 USC § 1320a-7b(f) (the "Federal Healthcare Programs") or any state healthcare programs; (ii) have not been convicted of a criminal offense related to the provision of healthcare items or services but have not yet been excluded, debarred, or otherwise declared ineligible to participate in the Federal Healthcare Programs or any state healthcare programs; and (iii) are not, to the best of its knowledge, under investigation or otherwise aware of any circumstances which may result in [Vendor] being excluded from participation in the Federal Healthcare Programs or any state healthcare programs. This shall be an ongoing representation and warranty during the term of this Agreement and [Vendor] shall immediately notify [Facility] of any change in the status of the representations and warranty set forth in this section. Any breach of this section shall give [Facility] the right to terminate this Agreement immediately for cause in addition to any other remedies available to it herein or by law."

SUBSTITUTE IRS FORM W-9 CERTIFICATION

Under penalties of perjury, I certify that the above information is correct and 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.
3. I am a U.S. person (including a U.S. resident alien).

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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of U.S. person and vendor representative
Must be authorized to sign an IRS W-9 form

Date

Name and title of individual (print or type)