



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 112A Ohio Union - 1961 Tuttle Park Place

City Columbus State Ohio ZIP Code 43210-1201

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 (student organization)  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 Ohio Union Business office:**

- e-mail: Pelletier.12 @osu.edu; Phone: (614) 292-7924
- Fax: (614) 292-1816

**FOR OSU USE ONLY**

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

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