



# VENDOR/PAYEE FORM

**Agency:** OMES Vendor Management requires the following information for all new non-registered vendors (payees) before payments may be processed. Information is used to establish the payee in the State's PeopleSoft vendor file for payment and procurement activities.

**DO NOT use this form for:**

- **Garnishment Payees:** Use OMES Form GarnVendor
- **State Employees:** Use OMES FORM Employee Vendor Request
- **Vendors pending contract award** to a solicitation released by the division of Central Purchasing or another Oklahoma state agency **MUST** first register online with the state unless exempt per statute. For additional information, please refer to Central Purchasing Vendor Registration.

**AGENCY SECTION** (To be completed by state agency representative):

State agency should email completed and signed form to [vendor.form@omes.ok.gov](mailto:vendor.form@omes.ok.gov) or fax to 405-522-3663.

**VENDOR/PAYEE SECTION** (To be completed by vendor/payee)

*Please print legibly or type this information. Form must be completed and signed by authorized individual. Email or fax to requesting state agency.*

|   |   |  |   |              |  |
|---|---|--|---|--------------|--|
| Agency Name   | EAST CENTRAL UNIVERSITY   |  |   | Contact Name |  |
| Phone #   | 580-558-5246  | Fax #  | 580-436-4563  | Email        |  |
| <b>Agency Request To</b> – Please select all applicable request types |   |  |   |              |  |
| <input type="checkbox"/> Add New Vendor                               | <input type="checkbox"/> Update Existing Vendor   | PeopleSoft 10-digit Vendor ID _____                    |   |              |  |
| <input type="checkbox"/> Add New Address                              | <input type="checkbox"/> Change Address/Location  | PeopleSoft Address # _____                             | PeopleSoft Location # _____                           |              |  |
| <input type="checkbox"/> Change Vendor Tax ID                         | <input type="checkbox"/> Change Vendor Name   | <input type="checkbox"/> Add Alternate Payee Name      | PeopleSoft Location # _____                           |              |  |
| <input type="checkbox"/> Other  | Explain _____   |  |   |              |  |
| <b>Vendor 1099 Reportable Status</b>                                  | <b>Attention Paying Agency:</b> Please check the <b>Add</b> box on the left if payments to this vendor/payee are represented by Account Codes listed on page 3 of this form. If the vendor is incorrectly showing as 1099 Reportable, check the <b>Remove</b> box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor: |  |   |              |  |
| <input type="checkbox"/> Add:   | <input type="checkbox"/> 1 - Rents  | <input type="checkbox"/> 2 - Royalties                 | <input type="checkbox"/> 3 – Other Income             |              |  |
| <input type="checkbox"/> Remove:                                      | <input type="checkbox"/> 6 - Medical & Health Care  | <input type="checkbox"/> 7 - Non-Employee Compensation | <input type="checkbox"/> 10 - Crop Insurance Proceeds |              |  |
|   | <input type="checkbox"/> 14 - Gross Proceeds to an Attorney   |  |   |              |  |

## W-9 SUPPLEMENTAL INFORMATION – ALL VENDORS OR PAYEES

|  |                                    |                                   |   |                                    |                                  |                                 |
|--|------------------------------------|-----------------------------------|---|------------------------------------|----------------------------------|---------------------------------|
| <b>Payee Information:</b> Please provide the requested information for the payee receiving funds from the Oklahoma state agency. All information should match U.S. Internal Revenue Service filing records for the business, individual or government entity receiving payment.                              |                                    |                                   |   |                                    |                                  |                                 |
| <b>Name</b>  |                                    |                                   |   | <b>Contact Name</b>                |                                  |                                 |
| Payee Legal Name for Business, Individual or Government Entity as filed with IRS   |                                    |                                   |   | <b>Contact Title</b>               |                                  |                                 |
| <b>DBA Name</b>  |                                    |                                   |   | <b>Phone #</b>                     |                                  |                                 |
| Doing Business As "DBA", or Disregarded Entity Name if different than Legal Name   |                                    |                                   |   | <b>Fax #</b>                       |                                  |                                 |
| <b>Tax Identification Number (TIN) and Type:</b>   |                                    |                                   | <input type="checkbox"/> Federal Employer ID (FEIN) <input type="checkbox"/> Social Security Number (SSN) |                                    |                                  |                                 |
| <b>Business Address</b> -- Please provide primary business address as filed with the U.S. Internal Revenue Service   |                                    |                                   |   |                                    |                                  |                                 |
| <b>Address</b>   |                                    |                                   |   | <b>City</b>                        |                                  |                                 |
| <b>State</b>   |                                    | <b>Zip+4</b>                      |   | <b>Remittance Email</b>            |                                  |                                 |
| <b>Optional Addresses</b> – Please select address type as applicable   |                                    |                                   |   |                                    |                                  |                                 |
| Type:  | <input type="checkbox"/> Remitting | <input type="checkbox"/> Ordering | <input type="checkbox"/> Pricing  | <input type="checkbox"/> Returning | <input type="checkbox"/> Mailing | <input type="checkbox"/> Other: |
| <b>Address</b>   |                                    |                                   |   | <b>City</b>                        |                                  |                                 |
| <b>State</b>   |                                    | <b>Zip+4</b>                      |   | <b>Remittance Email</b>            |                                  |                                 |
| <b>Financial Registration:</b> Please provide contact information for the Authorized Individual who can provide financial information used for ACH Electronic Funds Transfer payment processes. An email will be sent providing instructions for accessing the State of Oklahoma online registration system. |                                    |                                   |   |                                    |                                  |                                 |
| <b>Name</b>  |                                    |                                   |   | <b>Title</b>                       | <b>Email</b>                     |                                 |

**SIGNATURE - AND SUBSTITUTE IRS FORM W-9 CERTIFICATION**

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 the state, or may result in the state having to deduct backup withholding amounts from future payments.

**U.S. Taxpayer Identification Number (TIN)**

Federal Employer Identification Number (FEIN) \_\_\_\_\_ If none, but applied for, date applied \_\_\_\_\_

U.S. Social Security Number (SSN) \_\_\_\_\_ If none, but applied for, date applied \_\_\_\_\_

**Entity Filing Classification:**

Domestic (U.S.) Sole Proprietor or Individual     Domestic (U.S.) Partnership     Domestic (U.S.) Corporation    Type: \_\_\_\_\_

Limited Liability Company    Type: \_\_\_\_\_    Disregarded Entity:    YES     NO

Domestic (U.S.) Other    Explain: \_\_\_\_\_

Foreign (Non-U.S.) Sole Proprietor\*     Foreign (Non-U.S.) Partnership\*     Foreign (Non-U.S.) Corporation\*    Type: \_\_\_\_\_

Foreign (Non-U.S.) Other\*    Explain: \_\_\_\_\_

**FOREIGN VENDOR INSTRUCTIONS:                      \* ADDITIONAL DOCUMENTATION IS REQUIRED.**

Please submit the proper U.S. Internal Revenue Service (IRS) Form W-8, Certificate of Foreign Status. Select form below matching the payee's entity or individual description. Please refer to IRS for additional instructions (<http://www.irs.gov/pub/irs-pdf/fw8.pdf>).

- **Form W-8BEN:** Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals). <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>
- **Form W-BEN-E:** Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities). <http://www.irs.gov/pub/irs-pdf/fw8bene.pdf>
- **Form W-8ECI:** Certificate of Foreign Person's Claim That Income is Effectively Connected With the Conduct of a Trade or Business in the United States. <http://www.irs.gov/pub/irs-pdf/fw8eci.pdf>
- **Form W-8EXP:** Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding and Reporting. <http://www.irs.gov/pub/irs-pdf/fw8exp.pdf>
- **Form W-8IMY:** Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding and Reporting. <http://www.irs.gov/pub/irs-pdf/fw8imy.pdf>

This may exempt you from backup withholding. Form W-8 does not exempt you from the 30% (or lower percentage by treaty) non-resident withholding taxes. To claim this exemption, you must file IRS Form 8233 with us. For more information, refer to IRS Publication 519.

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 (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 account (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 of Vendor Representative or Individual Payee \_\_\_\_\_ Date \_\_\_\_\_

Title of individual signing form for company \_\_\_\_\_

Vendor/Payee (Must be the same as Payee Name from page 1) **Print Name** \_\_\_\_\_