



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

**Type of Payee (check one):**

- Consultant  Contractor  Speaker
- Faculty Candidate/Visiting Faculty
- Research Subject &/or Legal Guardian (no minors)  
- Type of Payments not required
- OU(HSC) Student
- Other \_\_\_\_\_

**Type of Payments to be made (check all that apply):**

- Honorarium - A Request for Honorarium Approval form must be submitted and approved prior to submitting a vendor form.
- Fee for service - A Request for Independent Contractor Approval form must be submitted and approved prior to submitting a vendor form.
- Reimbursement **ONLY**
- Other \_\_\_\_\_

Name of Individual _____	Name on Social Security Card (if different) _____
Physical Address (Required), City State, Zip (9-digit required) _____	Mailing address (if different), City, State, Zip (9-digit required) _____
Phone # _____ <input type="checkbox"/> Cell <input type="checkbox"/> Land Line Fax# _____	E-Mail Address _____

**REQUIRED:** Are you or any one of your company/institution's officers or owners related† 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.

**SUPPLEMENTAL INFORMATION – ALL INDIVIDUALS 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 of Individual provided above to avoid backup withholding. For individuals, this is your Social Security Number (SSN) or Individual Tax Identification Number (ITINs are provided to non-resident aliens for tax purposes). If using an Employer Identification Number (EIN), please complete the Company Vendor form.

SSN: \_\_\_\_\_ or ITIN: \_\_\_\_\_

**Check the box below that best describes your residency status.**

*NOTE: Non-resident alien individuals must complete the OUHSC Foreign Individual/Company Vendor Form.*

- Citizen of the United States
- Permanent Resident of the United States  
*- Must provide copy of green card*
- Resident alien for tax purposes of the United States  
*-Must provide Passport, Visa, & I-94 copies AND complete the Substantial Presence Test listed below*

**Definitions (IRS Publication 515)**

**Resident Alien:** An alien who meets either the green card test or the substantial presence test for the calendar year.

**Green Card Test:** If you were a lawful permanent resident of the U.S. at any time during the year (held a "green card" or immigrant visa), you are a resident alien.

**Substantial Presence Test: MUST BE COMPLETED BY RESIDENT ALIENS**

Number of days in the United States during current calendar year _____	
Number of days in the United States during first preceding calendar year _____	
Number of days in the United States during second preceding calendar year _____	

► **For F and J visa types, please provide entry/departure history since January 1, 1985** ◀

**Non-Resident Alien:** An individual who is not a U.S. citizen or a resident alien.

**AP USE ONLY**

Total Days \_\_\_\_\_

Approved  Denied

Name \_\_\_\_\_

**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 withholdings.

\_\_\_\_\_  
Signature of person named above \_\_\_\_\_  
Date