



REGISTERED _____ NON-REGISTERED _____

Address, etc. Change
(Page 1 only)



Gov. Entity
(Page 1 only)

**STATE OF OKLAHOMA
PAYEE FORM**

>> **Form Must Be Printed or Typed** <<

State Agency Name _____	n/a		# _____
Agency Contact Name _____	n/a	Phone # _____	Fax # _____

The State of Oklahoma requires the following information for all new payees before any payments can be made. This information is used to establish payees in the State vendor file.

Complete all that apply and return to: State Regents for Higher Education – PO Box 108850, Oklahoma City, OK 73101-8850

Individual or Company Name	Phone #	Fax #		
Name on IRS Record (if different from above)	Phone #	Fax #		
Business/Home Address:				
(PO Box or Street, City, State, 9-Digit Zip Required)	E-Mail Address			
Pricing information, if different:	<i>Not Applicable</i>			
	Phone #	Fax #		
Ordering information, if different:	<i>Not Applicable</i>			
	Phone #	Fax #		
Invoicing information, if different:	<i>Not Applicable</i>			
	Phone #	Fax #		
Contact, re: invoices (PO Box or Street, City, State, 9-Digit Zip Required)	E-Mail Address			
Remitting information, if different:	<i>Not Applicable</i>			
	Phone #	Fax #		
Where to send payment/remittance (PO Box or Street, City, State, 9-Digit Zip Required)	E-Mail Address			
Returning information, if different:	<i>Not Applicable</i>			
	Phone #	Fax #		
Customer Service Information, if different:	<i>Not Applicable</i>	Phone #	Fax #	E-Mail Address

OSF/DCS USE ONLY	Date Posted:	By:
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STATE OF OKLAHOMA
VENDOR/PAYEE FORM

>> Form Must Be Printed or Typed <<



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 the State, or may result in the State having to deduct backup withholding amounts from its remittances to you.

U.S. Taxpayer Identification Number (TIN) _____ If none, but applied for, date applied _____
(This number is also known as Federal Employer Identification Number [FEIN])

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

Check the box below that best describes your residency status:

Companies:

- Domestic (U.S.) sole proprietorship
- Domestic (U.S.) partnership
- Domestic (U.S.) corporation
- Domestic (U.S.) other
- Foreign (non-U.S.) sole proprietorship **
- Foreign (non-U.S.) partnership **
- Foreign (non-U.S.) corporation **
- Foreign (non-U.S.) other ** - explain _____

Individuals:

- Citizen (individual) of the United States
- Resident alien (individual) of the United States
- Non-resident alien (individual) **

** NOTE: IF YOU MARK THIS BOX, WE WILL FORWARD AN INTERNAL REVENUE SERVICE (IRS) FORM W-8, CERTIFICATE OF FOREIGN STATUS, TO YOU. THIS MAY EXEMPT YOU FROM BACKUP WITHHOLDING. FORM W-8 DOES NOT EXEMPT YOU FROM THE 30% (OR LOWER PERCENTAGE BY TREATY) NONRESIDENT WITHHOLDING TAXES. TO CLAIM THIS EXEMPTION, YOU MUST FILE IRS FORM 8233 WITH US. FOR MORE INFORMATION, REFER TO IRS PUBLICATION 519.

SIGNATURE - AND 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

Signature of Vendor Representative or Individual Payee _____ Date _____

Title of individual signing form for company

1099 Reportable

Add: Remove:

AGENCY: If payments to said vendor/Payee are represented by any of the Object of Expenditure Account Codes from the authorized list (see instructions), check the *Add* box.