



State of Oklahoma
Office of State Finance
Vendor Maintenance

Vendor/Payee Form

Change Existing Address # _____

Additional Address _____

The State of Oklahoma requires the following information for all new vendors (payees) before any payments can be made. This information is used to establish you in the State's vendor file. The form must be signed to be valid. This form should not be used to establish Garnishment Vendors or State Employee Vendors.

AGENCY SECTION

Agency Name	<u>DISTRICT ATTORNEYS COUNCIL</u>		
Contact Name	<u>T. W. BOSTER</u>	Phone #: <u>264-5036</u>	Fax#: <u>264-5099</u>
1099 Reportable Status	Attention Paying Agency: Please check the Add 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 Remove 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 - Prizes & Awards
<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		
PeopleSoft (Oracle) 10-digit Vendor #:	_____		

VENDOR/PAYEE SECTION (Please print or type this information. Complete and fax to requesting State Agency)

<input checked="" type="checkbox"/> Company Name (or Individual, or Government Entity)	<input checked="" type="checkbox"/> Phone #	<input checked="" type="checkbox"/> Fax #
Name on IRS Record (if different than above)	Phone #	Fax #
VENDOR/PAYEE TIN/SSN: <input checked="" type="checkbox"/>		
Business Address:		
<input checked="" type="checkbox"/> (PO Box or Street, City, State, 9-Digit Zip Required)	E-mail Address	
Optional Address – check as appropriate:		
If different, <input type="checkbox"/> Pricing <input type="checkbox"/> Ordering <input type="checkbox"/> Invoicing <input type="checkbox"/> Remitting <input type="checkbox"/> Returning	Phone #	Fax #
(PO Box or Street, City, State, 9-Digit Zip Required)	E-mail Address	
Contact Name & Title: _____		
If different, <input type="checkbox"/> Pricing <input type="checkbox"/> Ordering <input type="checkbox"/> Invoicing <input type="checkbox"/> Remitting <input type="checkbox"/> Returning	Phone #	Fax #
(PO Box or Street, City, State, 9-Digit Zip Required)	E-mail Address	
Contact Name & Title: _____		
Customer Service Information, if different:		
Phone #	Fax #	E-mail

Vendors/Payees DO NOT fax to numbers below. The form must be returned to the state agency requesting this information. Use OSF_GARNVEND form for Garnishment Vendors.

State Agency, fax completed and signed form to: OSF, Attention Vendor Maintenance 405-521-3383 or 405-522-0392

OSF/DCS USE ONLY:

Date Posted:

By:

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.

Federal Employer Identification Number (FEIN) _____
U.S. Taxpayer Identification Number (TIN) _____ If none, but applied for, date applied _____
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 (<http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>), 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

Vendor/Payee (Same as Company Name from Page 1)

IRS Instructions Regarding 1099 MISC Reporting

IRS Instructions regarding 1099 MISC reporting are posted on the IRS website at: <http://www.irs.gov/instructions/i1099misc/index.html>. Reportable payments include (a) royalties or broker payments in lieu of dividends or tax-exempt interest; (b) rents, services (including parts and materials), prizes and awards, other income payments, medical and health care payments, crop insurance proceeds, cash payments for fish (or other aquatic life) you purchase from anyone engaged in the trade or business of catching fish; (c) any fishing boat proceeds; or (d) gross proceeds paid to an attorney (see below).

Generally, if reportable payments do not fall under Box 1, 2, 3, 6 or 14, use Box 7. Specifically, all payments to physicians and medical corporations must be reported in Box 6. Attorney's fees, including payments to a law firm or other provider of legal services, are reportable in Box 7, except for gross proceeds. Gross proceeds paid to attorneys, under IRC section 6045(f), are reportable in Box 14. These include the total amount paid to an attorney for settlement agreements. These rules apply whether or not the legal services are provided to the payer and whether or not the attorney is exclusive payee (e.g., the attorney's and claimant's names are on one check). However, these rules do not apply to wages paid to attorneys that are reportable on Form W-2.