

**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**](http://www.ok.gov/OSF/documents/OMESFormGarnVendor.pdf)
* **State Employees:** Use [**OMES FORM Employee Vendor Request**](http://www.ok.gov/OSF/documents/OMESFormEmployeeVendorRequest.pdf)
* ***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***](http://www.ok.gov/DCS/Central_Purchasing/Vendor_Registration/index.html).

**Vendor/Payee Form**

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| **Agency Name**  |       | **Contact Name**  |       |
| **Phone #**  |       | **Fax #**  |       | **Email**  |       |
| **Agency Request To –** Please select all applicable request types |
| [ ]  Add New Vendor |  | [ ]  Update Existing Vendor  |  | PeopleSoft 10-digit Vendor ID  |       |
| [ ]  Add New Address |  | [ ]  Change Address/Location |  | PeopleSoft Address #  |       | PeopleSoft Location #  |       |
| [ ]  Change Vendor Tax ID  |  | [ ]  Change Vendor Name |  | [ ]  Add Alternate Payee Name |  PeopleSoft Location # |       |
| [ ]  Other |  | Explain  |  |
| **Vendor 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:  |
| [ ]  **Add:**[ ]  **Remove:** | [ ] 1 - Rents | [ ] 2 - Royalties | [ ] 3 – Other Income |
|  | [ ] 6 - Medical & Health Care | [ ] 7 - Non-Employee Compensation | [ ] 10 - Crop Insurance Proceeds |
|  | [ ] 14 - Gross Proceeds to an Attorney |  |  |

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| **Payee Information:** *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.* |
| **Name** |       | **Contact Name** |        |
| *Payee Legal Name for Business, Individual or Government Entity as filed with IRS* | **Contact Title** |       |
| **DBA Name** |       | **Phone #** |       |
| *Doing Business As “DBA”, or Disregarded Entity Name if different than Legal Name* | **Fax #** |       |
| **Tax Identification Number (TIN) and Type:** |       |  [ ]  Federal Employer ID (FEIN) [ ] Social Security Number (SSN) |
| **Business Address --** *Please provide primary business address as filed with the U.S. Internal Revenue Service* |
| **Address**  |  | **City** |       |
| **State** |       | **Zip+4** |       | **Remittance Email** |       |
| **Optional Addresses** – *Please select address type as applicable* |
| Type: | [ ]  Remitting | [ ]  Ordering | [ ]  Pricing | [ ]  Returning | [ ]  Mailing | [ ]  Other: |  |
| **Address**  |       | **City** |       |
| **State** |       | **Zip+4** |       | **Remittance Email****Notific Email** |       |
| **Financial Registration:** *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.**  |
| **Name** |       | **Title** |       | **Email** |       |

**AGENCY SECTION** (To be completed by state agency representative): **State agency should email completed and signed form to** **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.***

**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.***

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

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| **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: |       |  |  |
| LLC Disregarded Entity: | [ ]  YES [ ]  NO | **Must be verified by LLC’s tax division. If applicable, parent name/tax id is required.**  |
| [ ]  Domestic (U.S.) Other  | Explain: |  |
| [ ]  Foreign (Non-U.S.) Sole Proprietor or Individual\* [ ]  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/iw8.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.** |

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

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| **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) |

 **Account Codes for 1099 Reporting - By Category** *(TO BE COMPLETED BY AGENCY REPRESENTATIVE)*

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| [ ]  **1 - RENTS** 532110 Rent of Office Space532120 Rent of Land532130 Rent of Other Building Space532140 Rent of Equipment and Machinery532150 Rent of Telecommunications Equip532160 Rent of Electronic Data Processing Equipment532170 Rent of Electronic Data Processing Software532190 Other Rents | [ ]  **1- RENTS (continued)**532141 Rent of Motor Vehicles 532142 Lease of Motor Vehicles☐ **2 – ROYALTIES** 553170 Royalties | [ ]  **3 – OTHER INCOME**552120 Incentive Awards – Monetary & Material552160 Incentive Payments – Oklahoma Horse Breeders & Owners552170 Incentive Payments – Oklahoma Film Enhancement Rebate553165 Current/Former Employee Reportable Court Ordered or Legal Settlements553220 Other IRS Reportable Income |
| [ ]  **6 - MEDICAL & HEALTH CARE PAYMENTS**515530 Veterinary Services515700 Offices of Physicians (except Mental Health Specialists)515710 Offices of Physicians, Mental Health Specialists515720 Offices of Dentists515730 Offices of Chiropractors515740 Offices of Optometrists515750 Offices of Mental Health Practitioners (except Physicians)515760 Offices of Physical, Occupational & Speech Therapists, & Audiologists515770 Offices of Podiatrists 515780 Offices of all other Miscellaneous Health Practitioners515790 Family Planning Centers515800 Outpatient Mental Health & Substance Abuse Centers515810 Other Outpatient Care Centers515820 Medical and Diagnostic Laboratories | 515830 Home Health Care Services515840 Ambulance Services 515850 All other Ambulatory Health Care Services 515860 General Medical & Surgical Hospitals 515870 Psychiatric & Substance Abuse Hospitals515880 Specialty Hospitals (except Psychiatric & Substance Abuse)515890 Nursing Care Facilities515900 Residential Services for People with Developmental Disabilities515910 Residential Mental Health & Substance Abuse Facilities 515920 Community Care Facilities for the Elderly515930 Other Residential Care Facilities537210 Laboratory Services & Supplies551230 Medical Services to Indigents (from agencies other than DHS)551240 Hospital Services to Indigents (from agencies other than DHS)551250 Other Health Services to Indigents (from agencies other than DHS) |
| [ ]  **7 - NON-EMPLOYEE COMPENSATION**515010 Office of Lawyers515020 Offices of Notaries515030 Other Legal Services515060 Accounting, Tax Preparation, Bookkeeping & Payroll Services515210 Payments for Contract Mentor Services515220 Architectural Services515230 Landscape Architectural Services515240 Engineering Services515250 Drafting Services515260 Building Inspection Services515270 Geophysical Surveying & Mapping Services515280 Surveying and Mapping (except geophysical) Services515290 Testing Laboratories515300 Interior Design Services515310 Industrial Design Services515320 Graphic Design Services515330 Other Specialized Design Services515350 Custom Computer Programming Services515360 Computer Systems Design Services515370 Computer Facilities Management Services515380 Other Computer Related Services515400 Administrative Management & General Management Consulting Services515410 Human Resources & Executive Search Consulting Services515420 Marketing Consulting Services515430 Process, Physical Distribution, & Logistics Consulting Services515440 Other Management Consulting Services515450 Environmental Consulting Services515460 Other Scientific & Technical Consulting Services515470 Research & Development in the Physical, Engineering, & Life Sciences515480 Research & Development in the Social Sciences & Humanities515490 Advertising and Related Services515500 Marketing Research & Public Opinion Polling 515510 Photographic Services515520 Translation & Interpretation Services515540 All other Professional, Scientific and Technical Services515550 Management of Companies & Enterprises515560 Office Administrative Services515570 Employment Placement Services515580 Business Support Services515590 Document Preparation Services | 515600 Telephone Call Centers515610 Business Service Centers515620 Collection Agencies515630 Credit Bureaus515640 Other Business Support Services515650 Investigation & Security Services515660 Educational Services515940 Individual & Family Services515950 Community Food, Housing & Emergency & Other Relief Services515960 Vocational Rehabilitation Services515970 Child Day Care Services515980 Arts, Entertainment and Recreation515990 Other Services (except Public Administration)517110 Moving Expense – Employee Transfer531150 Printing and Binding Contract531160 Advertising531170 Informational Services531190 Exhibitions, Shows and Special Events531220 Burial Charges531330 Jury and Witness Fees531500 Moving Expenses – General533100 Maintenance & Repair – Other Items533110 Maintenance & Repair of Buildings & Grounds (outside vendors)533120 Maintenance & Repair – Equipment (outside vendors)533130 Maintenance & Repair of Telephone Equipment (outside vendors)533140 Maintenance & Repair of Data Processing Equipment (outside vendors)533150 Maintenance & Repair of Data Processing Software (outside vendors)533190 Maintenance & Repair – Employee Uniforms545110 Purchase of Land Improvements545210 CIP (Construction in Progress) – Land Improvements546210 Buildings and Other Structures – Construction and Renovation546220 Major Maintenance and Repair of Equipment547110 Highway and Bridge Construction Expense – Contractual547120 Maintenance and Repairs to Highways and Bridges547210 Major Maintenance and Renovation – Bridges552100 Stipends – Other552120 Teacher Stipends (“Incentive” payments)552130 Oklahoma Police Corps Stipends553160 Non-Employee Reportable Court Ordered or Legal Settlements554190 Voter Registration Services561140 Pollution Remediation  |
| [ ]  **14 - GROSS PROCEEDS TO AN ATTORNEY**553180 Settlements – Paid To/Thru Attorney |  |