

**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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | |  | | | |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**](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.***

**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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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)*

|  |  |  |  |
| --- | --- | --- | --- |
| **1 - RENTS**  532110 Rent of Office Space  532120 Rent of Land  532130 Rent of Other Building Space  532140 Rent of Equipment and Machinery  532150 Rent of Telecommunications Equip  532160 Rent of Electronic Data Processing Equipment  532170 Rent of Electronic Data Processing Software  532190 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 & Material  552160 Incentive Payments – Oklahoma Horse Breeders & Owners  552170 Incentive Payments – Oklahoma Film Enhancement Rebate  553165 Current/Former Employee Reportable  Court Ordered or Legal Settlements  553220 Other IRS Reportable Income |
| **6 - MEDICAL & HEALTH CARE PAYMENTS**  515530 Veterinary Services  515700 Offices of Physicians (except Mental Health Specialists)  515710 Offices of Physicians, Mental Health Specialists  515720 Offices of Dentists  515730 Offices of Chiropractors  515740 Offices of Optometrists  515750 Offices of Mental Health Practitioners (except Physicians)  515760 Offices of Physical, Occupational & Speech Therapists, & Audiologists  515770 Offices of Podiatrists  515780 Offices of all other Miscellaneous Health Practitioners  515790 Family Planning Centers  515800 Outpatient Mental Health & Substance Abuse Centers  515810 Other Outpatient Care Centers  515820 Medical and Diagnostic Laboratories | | 515830 Home Health Care Services  515840 Ambulance Services  515850 All other Ambulatory Health Care Services  515860 General Medical & Surgical Hospitals  515870 Psychiatric & Substance Abuse Hospitals  515880 Specialty Hospitals (except Psychiatric & Substance Abuse)  515890 Nursing Care Facilities  515900 Residential Services for People with Developmental Disabilities  515910 Residential Mental Health & Substance Abuse Facilities  515920 Community Care Facilities for the Elderly  515930 Other Residential Care Facilities  537210 Laboratory Services & Supplies  551230 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 Lawyers  515020 Offices of Notaries  515030 Other Legal Services  515060 Accounting, Tax Preparation, Bookkeeping & Payroll Services  515210 Payments for Contract Mentor Services  515220 Architectural Services  515230 Landscape Architectural Services  515240 Engineering Services  515250 Drafting Services  515260 Building Inspection Services  515270 Geophysical Surveying & Mapping Services  515280 Surveying and Mapping (except geophysical) Services  515290 Testing Laboratories  515300 Interior Design Services  515310 Industrial Design Services  515320 Graphic Design Services  515330 Other Specialized Design Services  515350 Custom Computer Programming Services  515360 Computer Systems Design Services  515370 Computer Facilities Management Services  515380 Other Computer Related Services  515400 Administrative Management & General Management Consulting Services  515410 Human Resources & Executive Search Consulting Services  515420 Marketing Consulting Services  515430 Process, Physical Distribution, & Logistics Consulting Services  515440 Other Management Consulting Services  515450 Environmental Consulting Services  515460 Other Scientific & Technical Consulting Services  515470 Research & Development in the Physical, Engineering, & Life Sciences  515480 Research & Development in the Social Sciences & Humanities  515490 Advertising and Related Services  515500 Marketing Research & Public Opinion Polling  515510 Photographic Services  515520 Translation & Interpretation Services  515540 All other Professional, Scientific and Technical Services  515550 Management of Companies & Enterprises  515560 Office Administrative Services  515570 Employment Placement Services  515580 Business Support Services  515590 Document Preparation Services | | 515600 Telephone Call Centers  515610 Business Service Centers  515620 Collection Agencies  515630 Credit Bureaus  515640 Other Business Support Services  515650 Investigation & Security Services  515660 Educational Services  515940 Individual & Family Services  515950 Community Food, Housing & Emergency & Other Relief Services  515960 Vocational Rehabilitation Services  515970 Child Day Care Services  515980 Arts, Entertainment and Recreation  515990 Other Services (except Public Administration)  517110 Moving Expense – Employee Transfer  531150 Printing and Binding Contract  531160 Advertising  531170 Informational Services  531190 Exhibitions, Shows and Special Events  531220 Burial Charges  531330 Jury and Witness Fees  531500 Moving Expenses – General  533100 Maintenance & Repair – Other Items  533110 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 Uniforms  545110 Purchase of Land Improvements  545210 CIP (Construction in Progress) – Land Improvements  546210 Buildings and Other Structures – Construction and Renovation  546220 Major Maintenance and Repair of Equipment  547110 Highway and Bridge Construction Expense – Contractual  547120 Maintenance and Repairs to Highways and Bridges  547210 Major Maintenance and Renovation – Bridges  552100 Stipends – Other  552120 Teacher Stipends (“Incentive” payments)  552130 Oklahoma Police Corps Stipends  553160 Non-Employee Reportable Court Ordered or Legal Settlements  554190 Voter Registration Services  561140 Pollution Remediation | |
| **14 - GROSS PROCEEDS TO AN ATTORNEY**  553180 Settlements – Paid To/Thru Attorney | |  | |