

Entered



Central Ohio Technical College
Vendor Information Form (Substitute W-9)

Fax completed form to: 740-364-9595

****All information must be provided for processing**

Taxpayer Name _____

DBA/Business Name (if different from above) _____

TIN/FEIN/SSN (Circle one & input number) _____ If SSN; *must complete attached form*

Filing Status (Check One)

Corporation Sole Proprietor Partnership LLC Non-Profit Non-Employee Reimbursement

Business/Individual has less than five (5) employees Yes No

Briefly describe type of goods or services you provide:

Order from Address:

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Cell # _____

Email _____

web page address _____

Contact _____

Remit to Address (if applicable):

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Email _____

Contact _____

Payment types accepted:		Misc. Vendor Information (if applicable)	
Check	<input type="checkbox"/>	MBE	Yes <input type="checkbox"/> No <input type="checkbox"/>
Credit Card	<input type="checkbox"/>	EDGE	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electronic Transfer of Funds	<input type="checkbox"/>		

By signing I certify that the information shown on this form is correct to my knowledge.

Signature _____

Print Name & Title _____

STEP 3: Acknowledgment

The public employer identified in Step 2 has identified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification.

This form must be retained by the public employer and a copy sent to OPERS. The public employer's failure to retain this acknowledgment may extend your right to request a determination beyond the five years referenced above.

Signature _____ Today's Date ____/____/____
Do not print or type name