

## Supplier Information Form

The Supplier Information Form (OBM-5657) is required to establish or update a supplier record in OAKS FIN. The Supplier Information Form has been designed to accomplish multiple tasks and must be accurately completed and signed by the potential State of Ohio supplier (electronic signatures are not accepted at this time). In addition, the information contained on the W-9 form must match the information provided on the Supplier Information Form; specifically, legal business name, and taxpayer ID# (TIN). Supplier Operations forms are available through the [Ohio Shared Services](#) website.

- Click [here](#) for CAPA Development forms (generally sent from the Ohio Development Services Agency).
- Click [here](#) for Treasurer of State forms (generally submitted from the agency).
- Click [here](#) for Escrow Agents (should be received with an Escrow Agreement).
- Incomplete forms will be returned to the supplier.
- A stamped name and address is acceptable (excluding the signature line).
- Supplier forms prior to September 2009 will not be accepted and will be returned to the supplier and/or agency.
- Both pages of the Supplier Information Form must be submitted for processing.



### SUPPLIER INFORMATION FORM

Required sections must be completed or the form will not be processed. **Incomplete forms will be returned.** All information must be legible. Ensure this is the latest version of the form at [www.ohiosharedservices.ohio.gov](http://www.ohiosharedservices.ohio.gov).

**SECTION 1 – PLEASE SPECIFY TYPE OF ACTION (REQUIRED)**

NEW **(W-9 OR W-8ECI FORM ATTACHED)**   
  ADD DBA **(W-9 OR W-8ECI FORM ATTACHED)**  
 ADDITIONAL ADDRESS   
  CHANGE OF CONTACT PERSON/INFORMATON  
 CHANGE OF ADDRESS – **(PLEASE PROVIDE OLD ADDRESS BELOW OR ATTACH LETTER)**  

ADDRESS TO BE REPLACED:

 CHANGE OF TIN **(W-9 & A CHANGE OF TIN FORM)**   
  CHANGE OF NAME **(W-9 & A CHANGE OF NAME FORM)**  
 CHANGE OF PAY TERMS   
  CHANGE OF PO DISPATCH METHOD   
  OTHER \_\_\_\_\_

**SECTION 2 – PLEASE PROVIDE SUPPLIER INFORMATION (REQUIRED)**

LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-8ECI FORM)

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)

FEDERAL EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (SSN)<sup>1</sup>:

**SECTION 3 – REMIT TO ADDRESS (REQUIRED)**

ADDRESS:  COUNTY:

ADDRESS (CONT.):

CITY: [REDACTED]		STATE: [REDACTED]	ZIP CODE: [REDACTED]
CONTACT NAME: [REDACTED]			
PHONE: [REDACTED]	FAX: [REDACTED]	E-MAIL: [REDACTED]	
<b>SECTION 4 – ADDITIONAL ADDRESS (IF MORE THAN 2 ADDRESSES, INCLUDE A SEPARATE SHEET)</b>			
ADDRESS: [REDACTED]		COUNTY: [REDACTED]	
ADDRESS (CONT.): [REDACTED]			
CITY: [REDACTED]		STATE: [REDACTED]	ZIP CODE: [REDACTED]

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**SECTION 5 – CONTACT PERSON TO RECEIVE E-MAIL NOTICE OF BID EVENTS - A USER ID & PASSWORD WILL BE SENT TO THE E-MAIL ADDRESS BELOW – (BUSINESSES ONLY)**

NAME: [REDACTED]
E-MAIL: [REDACTED]
TO ADD AN ADDITIONAL OR TO REPLACE THE CURRENT STRATEGIC SOURCING (SS) CONTACT <input type="checkbox"/> ADDITIONAL STRATEGIC SOURCING CONTACT <input type="checkbox"/> REPLACE SS CONTACT (WILL BE MARKED INACTIVE)
NAME: [REDACTED]
E-MAIL: [REDACTED]

**SECTION 6 – PAYMENT TERMS (PLEASE CHECK ONE – IF NONE IS SELECTED THEN NET 30 WILL APPLY)**  
 Invoices will be paid in 30 days from invoice date unless an alternate pay-term is selected below

2/10 NET 30      NET 30

**SECTION 7 – PURCHASE ORDER DISTRIBUTION—OTHER THAN USPS MAIL (ONLY APPLICABLE TO THOSE RECEIVING POs)**

E-MAIL OR FAX: [REDACTED]

**SECTION 8 – PLEASE SIGN & DATE (REQUIRED)**

PRINT NAME: [REDACTED]	
SIGNATURE: (HANDWRITTEN SIGNATURE REQUIRED) [REDACTED]	DATE: [REDACTED]

**SECTION 9 – STATE OF OHIO AGENCY CONTACT PERSON (AGENCY RECEIVING PAYMENTS FROM)**

AGENCY CONTACT NAME/E-MAIL/PHONE: [REDACTED]

COMMENTS:

[REDACTED]

Note: This document contains sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk. Pursuant to 26 USC 6109, the state is required to collect TIN/EIN/Social Security numbers and to use the numbers in its annual report to the IRS the amount the state has paid each supplier.

<p><b>SELECT ONE OF THE FOLLOWING METHODS FOR DOCUMENT SUBMISSION:</b></p> <p><b>Email:</b> <a href="mailto:supplier@ohio.gov">supplier@ohio.gov</a>  <b>Fax:</b> 1 (614) 485-1052  <b>Mail:</b> Ohio Shared Services          Attn: Supplier Operations          P.O. Box 182880 Cols., OH 43218-2880</p>	<p><b>QUESTIONS? PLEASE CONTACT:</b></p> <p><b>Phone:</b> 1 (877) OHIO - SS1 (1-877-644-6771)          1 (614) 338-4781  <b>Website:</b> <a href="http://www.ohiosharedservices.ohio.gov/">www.ohiosharedservices.ohio.gov/</a>  <b>Email:</b> <a href="mailto:supplier@ohio.gov">supplier@ohio.gov</a></p>
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## Review Supplier Form

Verify the "Supplier Information Form" is complete.

- "[Section 1 - Please Specify Type of Action](#)" must be reviewed to determine the type of action.
  - If not completed, the type of action is determined by comparing the information on the form to the information in OAKS FIN.
  - For "Change of Address," refer to the "[Updating the Supplier Operations Tracker](#)" topic for instructions on how to reject the form if the conditions [here](#) apply.
  - For "Change of TIN," refer to the "[Updating the Supplier Operations Tracker](#)" topic for instructions on how to reject the form if the "[IRS Form W-9](#)" and "[Change of Tax Identification Form](#)" are not provided.
  - For "Change of Name," refer to the "[Updating the Supplier Operations Tracker](#)" topic for instructions on how to reject the form if the "[IRS Form W-9](#)" and "[Change of Supplier Name Form](#)" are not provided.
- "[Section 2 - Please Provide Supplier Information](#)" must be completed.
  - The name must be listed in either the Legal Business Name or the Business Name line.
  - The TIN must be 9 digits for either the Federal Employer ID (EIN) or Social Security Number (SSN).
    - If both the EIN **and** SSN numbers are provided on the "[IRS Form W-9](#)," the number listed on the VIF that matches the "[IRS Form W-9](#)" will be entered into OAKS FIN.
  - For a new Supplier, supplier name(s) and TIN listed on the **Supplier Information Form** must match the information listed on the "[IRS Form W-9](#)" or "[IRS Form W-8](#)."
  - For an existing Supplier, the name and Tax ID listed on the **Supplier Information Form** must match the information listed on the "[IRS Form W-9](#)" or "[IRS Form W-8](#)."
- "[Section 3 - Remit to Address](#)" must include the complete address (with the exception of the "County" field) or include additional documentation specifying the addresses.
  - For a new entry, the address listed here and the address listed on the "[IRS Form W-9](#)" or "[IRS Form W-8](#)" do not have to match; however, both must be entered on the [Address](#) tab of the Supplier Module.
    - If one address is listed on the "[IRS Form W-9](#)" or "[IRS Form W-8](#)" and the same address is listed on the Supplier Information Form (or vice versa), but with the addition of an apartment or suite #, contact the supplier for clarification. If the supplier is unable to be reached, include the apartment or suite # on the address of the supplier record.
  - Contact information is not required; however, if provided, add this email address to the **Supplier Operations Tracker** for the email notification process or use this information to notify the supplier when rejecting documents.
  - If contact information is provided, it will be linked to the address in this section of the form on the OAKS FIN Supplier record [Contacts](#) tab and [Address](#) tab.
    - However, if different contact information is provided in [Section 7 - Purchase Order Distribution](#), then information from [Section 3 - Remit to Address](#) is not added to the [Address](#) tab.
  -  If no contact information is provided in this section, the information provided in [Section 5](#) is used for notification purposes.
- "[Section 4 - Additional Address](#)" is not required.
  - In the event more than two addresses are needed, additional documentation, such as a letter, must be attached.
- "[Section 5 - Contact Person to Receive E-Mail Notice of Bid Events](#)" is not required; however, if provided it must contain an individual's first and last name and email address.
  - This information is used to create a User ID in the **Define Supplier User** module.
  - Multiple names and email addresses may be listed.
  - The contact information listed in this section is linked to the address listed in [Section 3](#) of this form on the OAKS FIN Supplier record [Contacts](#) tab.
- "[Section 6 - Payment Terms](#)" is not required.
- "[Section 7 - Purchase Order Distribution](#)" is not required; however, if provided, link it to the address listed in [Section 3](#) of this form on the OAKS FIN Supplier record [Contacts](#) tab and [Address](#) tab.
  - If the supplier does not supply an email or a fax, but circles their selection, the fax or email listed in [Section 3](#) is used.

- "[Section 8 - Please Sign & Date](#)" must include a handwritten signature.
  - **Electronic or stamped signatures are not accepted.**
    - Do not accept signature if you can click on the signature and move it around the page.
    - Do not accept signature if there are black lines around it indicating use of a rubber stamp.
    - Do not accept Font signatures.
  - The handwritten name listed in this section does not need to match the "[IRS Form W-9](#)" or "[IRS Form W-8](#)" Print Name field.
  - The "Print Name" and "Date" fields are not required.
- "[Section 9 - State of Ohio Agency Contact Person](#)" is not required; however, if the contact information is provided, it is used for notification purposes.
- "[Comments](#)" is not required; however, important information is often listed here and must be reviewed.

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