



CENTRAL OHIO TECHNICAL COLLEGE
VENDOR INFORMATION FORM (Substitute W-9)

In accordance with Internal Revenue Service and State of Ohio regulations, we are required to obtain the following information for all businesses and individuals to whom we make payments.

Taxpayer Name:
DBA/Business Name (if different):
TIN/FEIN/SSN*: Circle one and input number:
*If SSN and/or less than 5 employees then attached OPERS form MUST be completed.

Filing Status (Check One):
Corporation Sole Proprietor Partnership LLC LLC = C Corporation
Non-Profit Government Trust/Estate LLC = S Corporation
Other - List Type:

Purchase Order Address: Remit to Address (if different):
Address Line 1: Address Line 1:
Address Line2: Address Line2:
City, State, Zip City, State, Zip
Phone: Phone:
Email: Email:
Contact Name: Contact Name:

Certifications:
MBE: OTHER (list):
EDGE:

Visit www.cotc.edu/business-finance and click on "Forms" for information regarding the following items:
• Vendor Direct Deposit Form • PO Terms & Conditions
• Tax Exemption Certificate • Vendor Code of Conduct

I certify the following to be true:
1. The number shown on this form is my correct taxpayer identification number.
2. I am not subject to backup withholding due to failure to report interest and dividend income.
3. I am a U.S. citizen or other U.S. person.
4. I am exempt from FATCA reporting.

Signature: Title:
Print Name: Date:



NON-MEMBER ACKNOWLEDGMENT

A fillable version of this form is available at www.cotc.edu/business-finance.

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642

Employer Services: 1-888-400-0965
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee (e.g., you are an independent contractor) and will not have contributions made to OPERS.

Employer: Please complete Step 2. The form must be completed and returned to the retirement system no later than 30 days after the individual begins providing personal services to the public employer. You may fax the completed form to 614-857-1152 or email to employeroutreach@opers.org.

If the individual providing this service is receiving a benefit from OPERS, you must submit the Notice of Re-employment or Contract Services of an OPERS Benefit Recipient, form SR-6, in addition to the Non-Member Acknowledgement, form PEDACKN, for the service listed below. Failure to submit the SR-6 form timely may result in an overpayment of pension billed to the employer.

STEP 1: Personal Information

First Name

MI

Last Name

[Grid for name input]

Date of Birth:

Month

Day

Year

[Grid for date input]

STEP 2: Public Employer Information (To be completed by the Public Employer)

Name of Public Employer for which individual is providing personal services

C e n t r a l O h i o T e c h C o l l e g e

Employer Contact

First Name

MI

Last Name

[Grid for employer contact name]

Employer Code

1 6 4 6

Employer Contact Phone Number

7 4 0 — 3 6 6 — 9 2 3 3

Service Provided to Public Employer

[Grid for service provided]

Start Date of Service

Month

Day

Year

[Grid for start date]

End Date of Service

Month

Day

Year

[Grid for end date]

STEP 3: Acknowledgment

The public employer identified in Step 2 has classified 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 this service. 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. **A copy of this form must be sent to OPERS.**

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