



## Vendor/Payee Form

**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](#)
- **State Employees:** Use [OMES Employee Vendor Request Form](#)
- **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](#).

**AGENCY SECTION** (To be completed by state agency representative):

State agency representative should provide form to payee for completion of the vendor section shown below. Upon receipt of the completed form the agency should enter request instructions below. Please email completed and signed form to [vendor.form@omes.ok.gov](mailto:vendor.form@omes.ok.gov) or fax to 405-522-3663.

|  |   |  |   |
|--|---|--|---|
| Agency Name  |   | Contact Name   |   |
| Phone #  | Fax #   | Email  |   |
| Agency Request To – Please select all applicable request types |   |  |   |
| <input type="checkbox"/> Add New Vendor                        | <input type="checkbox"/> Update Existing Vendor   | PeopleSoft 10-digit Vendor ID _____                    |   |
| <input type="checkbox"/> Add New Address                       | <input type="checkbox"/> Change Address/Location  | PeopleSoft Address # _____                             | PeopleSoft Location # _____                           |
| <input type="checkbox"/> Change Vendor Tax ID                  | <input type="checkbox"/> Change Vendor Name   | <input type="checkbox"/> Add Alternate Payee Name      | PeopleSoft Location # _____                           |
| <input type="checkbox"/> Other                                 | Explain _____   |  |   |
| <b>Vendor 1099 Reportable Status</b>                           | <b>Attention Paying Agency:</b> Please check the <b>Add</b> 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 <b>Remove</b> box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor: |  |   |
| <input type="checkbox"/> Add:                                  | <input type="checkbox"/> 1 - Rents  | <input type="checkbox"/> 2 - Royalties                 | <input type="checkbox"/> 3 - Other Income             |
| <input type="checkbox"/> Remove:                               | <input type="checkbox"/> 6 - Medical & Health Care  | <input type="checkbox"/> 7 - Non-Employee Compensation | <input type="checkbox"/> 10 - Crop Insurance Proceeds |
|  | <input type="checkbox"/> 14 - Gross Proceeds to an Attorney   |  |   |

**VENDOR/PAYEE SECTION** (To be completed by vendor/payee)

**Please print legibly or type information. Form must be completed and signed by authorized individual. Email or fax to requesting state agency.**

|  |                                    |   |                                  |
|--|------------------------------------|---|----------------------------------|
| <b>Payee Information:</b> 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:  |                                    | <input type="checkbox"/> Federal Employer ID (FEIN) <input type="checkbox"/> Social Security Number (SSN) |                                  |
| <b>Business Address -- Please provide primary address as reflected on payee's annual U.S. Internal Revenue Service tax documentation</b>   |                                    |   |                                  |
| Address  |                                    | City  |                                  |
| State  | Zip+4                              | Remittance Email  |                                  |
| <b>Optional Addresses -- Please select address type as applicable</b>  |                                    |   |                                  |
| Type:  | <input type="checkbox"/> Remitting | <input type="checkbox"/> Ordering   | <input type="checkbox"/> Pricing |
|  | <input type="checkbox"/> Returning | <input type="checkbox"/> Mailing  | <input type="checkbox"/> Other:  |
| Address  |                                    | City  |                                  |
| State  | Zip+4                              | Remittance Email  |                                  |
| <b>Financial Registration:</b> 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                            |

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)**

Please provide tax identification number applicable for payee IRS tax reporting

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.) 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/iw8ben.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/iw8bene.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/iw8eci.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/iw8exp.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/iw8imy.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)**

|  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> <b>1 - RENTS</b><br>532110 Rent of Office Space<br>532120 Rent of Land<br>532130 Rent of Other Building Space<br>532140 Rent of Equipment and Machinery<br>532150 Rent of Telecommunications Equip<br>532160 Rent of Electronic Data Processing Equipment<br>532170 Rent of Electronic Data Processing Software<br>532190 Other Rents   | <input type="checkbox"/> <b>1- RENTS (continued)</b><br>532141 Rent of Motor Vehicles<br>532142 Lease of Motor Vehicles<br><br><input type="checkbox"/> <b>2 – ROYALTIES</b><br>553170 Royalties   | <input type="checkbox"/> <b>3 – OTHER INCOME</b><br>552120 Incentive Awards – Monetary & Material<br>552160 Incentive Payments – Oklahoma Horse Breeders & Owners<br>552170 Incentive Payments – Oklahoma Film Enhancement Rebate<br>553165 Current/Former Employee Reportable Court Ordered or Legal Settlements<br>553220 Other IRS Reportable Income |   |  |
| <input type="checkbox"/> <b>6 - MEDICAL &amp; HEALTH CARE PAYMENTS</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> 515530 Veterinary Services<br/> 515700 Offices of Physicians (except Mental Health Specialists)<br/> 515710 Offices of Physicians, Mental Health Specialists<br/> 515720 Offices of Dentists<br/> 515730 Offices of Chiropractors<br/> 515740 Offices of Optometrists<br/> 515750 Offices of Mental Health Practitioners (except Physicians)<br/> 515760 Offices of Physical, Occupational &amp; Speech Therapists, &amp; Audiologists<br/> 515770 Offices of Podiatrists<br/> 515780 Offices of all other Miscellaneous Health Practitioners<br/> 515790 Family Planning Centers<br/> 515800 Outpatient Mental Health &amp; Substance Abuse Centers<br/> 515810 Other Outpatient Care Centers<br/> 515820 Medical and Diagnostic Laboratories </td> <td style="width: 50%; vertical-align: top;"> 515830 Home Health Care Services<br/> 515840 Ambulance Services<br/> 515850 All other Ambulatory Health Care Services<br/> 515860 General Medical &amp; Surgical Hospitals<br/> 515870 Psychiatric &amp; Substance Abuse Hospitals<br/> 515880 Specialty Hospitals (except Psychiatric &amp; Substance Abuse)<br/> 515890 Nursing Care Facilities<br/> 515900 Residential Services for People with Developmental Disabilities<br/> 515910 Residential Mental Health &amp; Substance Abuse Facilities<br/> 515920 Community Care Facilities for the Elderly<br/> 515930 Other Residential Care Facilities<br/> 537210 Laboratory Services &amp; Supplies<br/> 551230 Medical Services to Indigents (from agencies other than DHS)<br/> 551240 Hospital Services to Indigents (from agencies other than DHS)<br/> 551250 Other Health Services to Indigents (from agencies other than DHS) </td> </tr> </table>   |  |   | 515530 Veterinary Services<br>515700 Offices of Physicians (except Mental Health Specialists)<br>515710 Offices of Physicians, Mental Health Specialists<br>515720 Offices of Dentists<br>515730 Offices of Chiropractors<br>515740 Offices of Optometrists<br>515750 Offices of Mental Health Practitioners (except Physicians)<br>515760 Offices of Physical, Occupational & Speech Therapists, & Audiologists<br>515770 Offices of Podiatrists<br>515780 Offices of all other Miscellaneous Health Practitioners<br>515790 Family Planning Centers<br>515800 Outpatient Mental Health & Substance Abuse Centers<br>515810 Other Outpatient Care Centers<br>515820 Medical and Diagnostic Laboratories  | 515830 Home Health Care Services<br>515840 Ambulance Services<br>515850 All other Ambulatory Health Care Services<br>515860 General Medical & Surgical Hospitals<br>515870 Psychiatric & Substance Abuse Hospitals<br>515880 Specialty Hospitals (except Psychiatric & Substance Abuse)<br>515890 Nursing Care Facilities<br>515900 Residential Services for People with Developmental Disabilities<br>515910 Residential Mental Health & Substance Abuse Facilities<br>515920 Community Care Facilities for the Elderly<br>515930 Other Residential Care Facilities<br>537210 Laboratory Services & Supplies<br>551230 Medical Services to Indigents (from agencies other than DHS)<br>551240 Hospital Services to Indigents (from agencies other than DHS)<br>551250 Other Health Services to Indigents (from agencies other than DHS)   |
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General Management Consulting Services<br/> 515410 Human Resources &amp; Executive Search Consulting Services<br/> 515420 Marketing Consulting Services<br/> 515430 Process, Physical Distribution, &amp; Logistics Consulting Services<br/> 515440 Other Management Consulting Services<br/> 515450 Environmental Consulting Services<br/> 515460 Other Scientific &amp; Technical Consulting Services<br/> 515470 Research &amp; Development in the Physical, Engineering, &amp; Life Sciences<br/> 515480 Research &amp; Development in the Social Sciences &amp; Humanities<br/> 515490 Advertising and Related Services<br/> 515500 Marketing Research &amp; Public Opinion Polling<br/> 515510 Photographic Services<br/> 515520 Translation &amp; Interpretation Services<br/> 515540 All other Professional, Scientific and Technical Services<br/> 515550 Management of Companies &amp; Enterprises<br/> 515560 Office Administrative Services<br/> 515570 Employment Placement Services<br/> 515580 Business Support Services<br/> 515590 Document Preparation Services </td> <td style="width: 50%; 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| <input type="checkbox"/> <b>14 - GROSS PROCEEDS TO AN ATTORNEY</b><br>553180 Settlements – Paid To/Thru Attorney   |  |   |   |  |