MEDICAL CARE ADVISORY COMMITTEE
TRAVEL REIMBURSEMENT

SUMMARY:

This is a summary of Rule 126-1-02 of the Ohio Administrative Code (OAC) and ODJFS IPP.2001 Travel and Conference Expense Reimbursement. (Refer to the rule for complete information and all requirements.)

Persons who are not state employees but who serve in uncompensated capacities as board or commission members or volunteers may be reimbursed for travel expenses if the expenses are paid in whole or in part from state funds or if federal regulations, Ohio law, or language creating the board or commission state otherwise and/or allow reimbursement of travel expenses.

TRAVEL EXPENSE REIMBURSEMENT REQUEST:

1. To receive reimbursement for travel expenses, individuals must obtain a state of Ohio OAKS Vendor ID number. To obtain an OAKS Vendor ID number, complete and submit the following forms to the Office of Ohio Health Plans, Bureau of Consumer & Program Support, P.O. Box 182709, Columbus, OH 43218-2709:

   - OBM-3456
   - IRS Form W-9
   - State of Ohio Traveler Statement
   - Traveler Profile

2. To receive reimbursement through direct deposit, individuals must complete and mail Form OBM-1234 - EFT - Direct Deposit Form to the Office of Ohio Health Plans, Bureau of Consumer & Program Support, P.O. Box 182709, Columbus, OH 43218-2709.

3. Reimbursement for in-state travel expenses is claimed by completing a travel expense form (OBM-7148). The completed travel expense form must be signed by the traveler. Signing the form certifies that the expenses identified in the report are limited to those actually incurred on state business and the expenses meet the requirements of OAC Rule 126-1-02.

4. The original of the approved travel expense form (OBM 7148) and receipts (if applicable) must be submitted to the Office of Ohio Health Plans, Bureau of Consumer & Program Support, P.O. Box 182709, Columbus, OH 43218-2709, or send them as attachments via e-mail to: riffek@odjfs.state.oh.us, for appropriate approval, signatures and processing. Approval of the completed travel expense form certifies the legitimacy of the reimbursement for travel expenses.

5. Reports should be submitted no more than 30 days following the date expenses were incurred. Reports submitted late must include a letter from the traveler that explains the reason for the delay.

6. ODJFS is committed to processing travel expense reports within 30 days of the submission of a properly completed travel expense report. Incomplete or incorrect travel expense forms that need to be returned to the submitting traveler restart the 30-day processing cycle.

7. All payments for travel reimbursement are either mailed or electronically transferred to the payee's account. A remittance notice is sent with the warrant or electronic fund transfer (EFT).

TRAVEL TIPS:

- Travelers need to make sure their reports (OBM-7148) are complete with the following information:
    - Office name [Medical Care Advisory Committee (MCAC)]
    - Name & location of headquarters
    - Home address
    - Designated Vendor Number
    - Traveler's signature & date
    - Mileage calculations are complete
    - Arrival & departure times for each commencement and termination of travel
- Attach original or legibly scanned parking receipts
- Check the receipts against what is entered on the traveler expense report
- Submit the report in a timely manner
- Report name, address, banking, mailing, etc. changes immediately by completing and mailing OBM-3457 – Vendor Information Change Form to the Office of Ohio Health Plans, Bureau of Consumer & Program Support, P.O. Box 182709, Columbus, OH 43218-2709

FORMS:

Forms are attached and are available on the Office of Budget and Management Website – http://www.obm.ohio.gov

1) OBM-3456 – New Vendor Information Form: http://www.obm.ohio.gov/forms/oaks/Vendor%20Information%20Form.pdf
2) W-9 - Request for Taxpayer Information and Certification http://www.irs.gov/pub/irs-pdf/fw9.pdf
3) OBM-1234-EFT - Direct Deposit Form http://www.obm.ohio.gov/forms/oaks/EFTDraft%20v2.pdf
4) OBM-7148 - Travel Expense Report http://www.obm.ohio.gov/forms/trvlexpense.xls
5) OBM-3457 - Vendor Information Change Form http://www.obm.ohio.gov/forms/oaks/Vendor%20Information%20Change%20Form.pdf

Forms attached and not available online:
1) State of Ohio Traveler Statement
2) Traveler Profile

3/19/02

STATE OF OHIO

TRAVELER STATEMENT

> Note: OBM requires each agency to have on file this signed statement for all individuals whose travel expense reimbursements may originate in CAS Plus automated workflow.

NOTE FROM STANDARD TRAVEL EXPENSE REPORT (OBM 7148)

Authority - The traveler is required by Rule 126-1-02 or Rule 126-1-03 of the Administrative Code to complete this report and to provide all receipts and other relevant information required by the employing agency or the Office of Budget and Management to verify your travel expenses.

Use - The report, receipts, and other information you provide will be used to determine your eligibility for reimbursement of travel expenses and to process your reimbursement. The information you provide in the report will be entered into the state's Central Accounting System (CAS). The report and the information contained in the report and the information entered into CAS from the report are public information which may be released to anyone requesting the information. Additionally, the report and the information contained in it or entered into CAS from the report are subject to an audit by your agency, OBM, the Auditor of State, or other authorized party and may be used in an review, investigation, inquiry, or legal proceeding or action related to your reimbursement.

Vendor ID - Vendor ID is a code assigned by the Central Accounting System to identify a traveler. Providing a Vendor ID is mandatory if the state may be required to report this reimbursement to the Internal Revenue Service. Reportable reimbursements include but are not limited to meals without an overnight stay and certain moving and temporary living expenses. Your agency fiscal office can assist you in determining or obtaining your Vendor ID.

TRAVELER CERTIFICATION FROM STANDARD TRAVEL EXPENSE REPORT (OBM 7148)

I certify that the expenses identified in the TRV report are limited to those that I actually incurred on state business and that these expenses meet the requirements of Rules 126-1-02 and 126-1-03 of the Administrative Code or applicable collective bargaining contract. In the event that I am driving a privately owned motor vehicle on state business, I certify that I am insured under a policy of liability insurance meeting the requirements of Section 4509.51 of the Revised Code.

ADDITIONAL STATEMENT FOR TRAVELERS WHOSE REIMBURSEMENTS INITIATE IN WORKFLOW

If I am unable or unauthorized to create my own workflow Travel Expense Reports, then I authorize an agency-selected designee to create these workflow TRV documents on my behalf. I realize that I will receive a copy of any workflow TRV document containing my itemized expenses. My deposit of the resulting warrant or failure to dispute the resulting electronic funds transfer (EFT[1]) indicates my agreement with the expenses as itemized on the TRV document and my responsibility for the TRV documents filed on my behalf.

Traveler Name ____

Traveler Signature ____ Date ________________________

[1] A traveler may elect to receive payments for travel reimbursement through EFT. Contact your agency's fiscal officer for details about establishing direct deposit through the Auditor of State.

<u>Traveler Profile</u>

ADD _____ CHANGE _______ DELETE ________

Traveler's Name ____

Social Security Number ____

Address – this is where your check will be mailed. If you have a request or have automatic deposit, the address will be used to send a copy of the remittance.

____

____

Organization – such as ODHS-OFS _____________________

SPENDRC Code – such as FI20 or MD00 ________________

Work Location – such as Columbus, Franklin County

____
(City, County)

Job Title ____

Bargaining Unit ______________________________________

ALSO: Has this Traveler been paid travel pay before? _________ (The answer to this question will help me to determine if the Traveler is in the CAS Vendor File. If the answer is YES, then is the address listed above the same or a new one? _______ Workflow will **NOT** override CAS.)

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See **Specific Instructions** on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ------- ☐ Other (see instructions) ▶	☐ Exempt payee
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I **Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II **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).

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 arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person** ▶ **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	**THEN the payment is exempt for . . .**
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 7[2]

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting *www.irs.gov* or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner [3]
For this type of account:	**Give name and EIN of:**
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity [4]
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov.* You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.consumer.gov/idtheft* or 1-877-IDTHEFT(438-4338).

Visit the IRS website at *www.irs.gov* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

INSTRUCTIONS FOR COMPLETING THE VENDOR INFORMATION FORM (OBM-3456-(Rev 08/20/07))

OVERALL

A. Check "New" to register as a vendor and to do business with the State of Ohio.

B. Check "W-9 Attached" to confirm that a completed IRS Form W-9 (revised November, 2005 or later) is attached. This is required for all new vendors. Use the Vendor Information Change Form (OBM-3457) to make changes to the vendor information as it currently exists in OAKS.

C. This form needs to be completed by the vendor and only reviewed by the agency.

D. Whenever possible please have the vendor complete the original form from the OBM Website. This will help to eliminate an unreadable form being faxed. The form is under the Vendor Forms Section on the OBM website at: http://www.obm.ohio.gov/forms/OAKS.asp.

E. Enter your company's Federal Tax Identification number or your Social Security number if you, as an individual are participating.

SECTION 1

A. The Vendor Legal Business Name should match the name on the W-9.

B. If the vendor has multiple subsidiaries doing business with the agency, then attach the needed information per subsidiary on a separate sheet. (i.e. If the subsidiary has a different remittance information or business location, then that information should be listed for each subsidiary company on a separate sheet of paper. If all subsidiaries have the same information but just different business names, then just list the different business names on an attached sheet if extra space is needed.)

C. The Business Entity and Taxpayer ID# should be the same as listed for the IRS on the W-9 Form. Enter your company's Federal Tax Identification number or your Social Security number if you, as an individual are participating.

SECTION 2

A. Vendor Address is the physical location of the business.

B. Complete "Contact Information" for the business.

C. Should the business not have a website, e-mail address, business telephone or fax number, then please state that it is non-applicable or "N/A".

D. If the business is currently certified through the State of Ohio MBE or EDGE Program, check the appropriate box.

E. Payment terms should be one of the following: discounted (2/10 Net 30), "Net 30", "Net 45", "Net 60" or "Net 90". Should nothing be selected it will default to "Net 30".

SECTION 3

A. The remittance address may differ from the physical location of the business. Check the appropriate box if the remittance address is the same as the business' physical location or if using EFT. Should the Business be using the EFT, then an EFT - Direct Deposit Form (OBM-1234) needs to be completed using the instructions posted on the OBM website under the Vendor Forms Section: http://www.obm.ohio.gov/forms/OAKS.asp.

SECTION 4

A. Select how the purchase order should be distributed. Fill in the appropriate information (i.e. fax number if requesting via fax).

B. Please identify the name of the person to receive the purchase order.

If you have any questions, please contact the issuing state agency.

STATE OF OHIO – OFFICE OF BUDGET & MANAGEMENT

NEW VENDOR INFORMATION FORM

(Replaces the old CAS VENE Form)

ALL parts of this form must be completed by the vendor and returned to the issuing state agency

READ & COMPLETE CAREFULLY ☐ NEW ☐ W-9 ATTACHED (REQUIRED)

SECTION 1:
COMPLETE VENDOR LEGAL BUSINESS NAME (Should match W-9)

Business Name, Trade Name, Doing Business As: (If different from above)

BUSINESS ENTITY: (Please check one only) ☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETOR ☐ NON PROFIT ☐ INDIVIDUAL ☐ OTHER (SPECIFY): ______

NOTE: IF SOLE PROPRIETOR, INDIVIDUAL'S NAME (AS OWNER) MUST APPEAR IN THE LEGAL BUSINESS NAME ABOVE

TAXPAYER ID # (TIN): ☐ SSN ☐ FEIN #

SECTION 2:

VENDOR ADDRESS:	STREET	CITY	COUNTY	STATE	ZIP CODE	COUNTRY

CONTACT INFORMATION: NAME (TYPE OR PRINT)

VENDOR WEBSITE:

VENDOR E-MAIL ADDRESS:

BUSINESS PHONE & Ext #:

FAX NUMBER & Ext #:

IS YOUR BUSINESS CURRENTLY CERTIFIED AS ☐ MBE (Minority Business Enterprise) ☐ EDGE (Encouraging Diversity, Growth & Equity)

PAYMENT TERMS: (Pick one only) ☐ 2/10 Net 30 ☐ Net 30 ☐ Net 45 ☐ Net 60 ☐ Net 90

SECTION 3:
REMITTANCE INFORMATION: INDICATE BELOW THE REMITTANCE ADDRESS OF YOUR BUSINESS

☐ SAME AS VENDOR ADDRESS ABOVE ☐ EFT (Electronic Funds Transfer)

REMIT ADDRESS	STREET	CITY	STATE	ZIP CODE

NOTE: If EFT, must complete Form OBM-1234-(Rev.5/2007) Authorization for Direct Deposit of State Warrants

SECTION 4:

FOR PURCHASE ORDER (PO) DISTRIBUTION: 1) CHECK ONLY ONE BOX BELOW; 2) INPUT EMAIL ADDRESS OR FAX# **(IF CHECKED)**

☐ EMAIL ☐ FAX ☐ USPS MAIL

NAME OF PERSON TO RECEIVE PO Distribution:	PHONE NUMBER:	E-MAIL ADDRESS:
TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM:	PHONE NUMBER:	
SIGNATURE:		

ADD ADDITIONAL BUSINESS ADDRESS, E-MAIL & CONTACT INFORMATION ON SEPARATE SHEET IF REQUIRED

PLEASE SEND COMPLETED FORM & QUESTIONS ABOUT THE FORM TO THE AGENCY CONTACT (information listed below):

AGENCY CONTACT INFORMATION:

Contact Name:

Contact Phone:

Contact Agency Name:

STATE OF OHIO – OFFICE OF BUDGET & MANAGEMENT

VENDOR INFORMATION CHANGE FORM

(Replaces the old CAS VENM Form)

ALL parts of this form must be completed by the vendor and returned to the issuing state agency

☐ CHANGE OF INFORMATION ☐ ADD INFORMATION ☐ W-9 ATTACHED

COMPLETE VENDOR LEGAL BUSINESS NAME (Should match W-9)			
Business Name, Trade Name, Doing Business As: (If different from above)			
TAXPAYER ID # (TIN): ☐ SSN	☐ FEIN #		
TYPE OF ACTION:			
	☐ Name Change (W-9 Attached)	☐ TIN Change (Contact Agency)	☐ Additional Address
	☐ Change in Payment Terms	☐ Change in Purchase Order Dispatch Method	
	☐ Change of Address	☐ Change of Contact	☐ Other (Specify)
PLEASE EXPLAIN:			
IS YOUR BUSINESS CURRENTLY CERTIFIED AS	☐ MBE (Minority Business Enterprise)	☐ EDGE (Encouraging Diversity, Growth & Equity)	
PAYMENT TERMS: (Pick one only)	☐ 2/10 Net 30	☐ Net 30 ☐ Net 45	☐ Net 60 ☐ Net 90
AREA CODE & TELEPHONE NUMBER:		E-MAIL ADDRESS:	
TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM		Signature	

ADD ADDITIONAL BUSINESS ADDRESS, E-MAIL & CONTACT INFORMATION ON SEPARATE SHEET IF REQUIRED

PLEASE SEND COMPLETED FORM & QUESTIONS ABOUT THE FORM TO THE AGENCY CONTACT (information listed below):

AGENCY CONTACT INFORMATION:

Contact Name:

Contact Phone:

Contact Agency Name: