

*The* UNIVERSITY *of* OKLAHOMA<sub>®</sub> Center for Early Childhood Professional Development College of Continuing Education

Dear Participant,

The attached form is required by OU Financial Services to receive a check for the Oklahoma Certificate of Achievement and Stipend Program and/or the Oklahoma Child Care Wage Supplement Program.

Please read these instructions carefully to complete the information. This form must be filled out correctly to receive payment.

If you are updating your address and/or name, please check Existing Supplier on the next page.

Supplier Information	<ul> <li><u>NAME:</u> Use the legal name on your social security card.</li> <li><u>SSN:</u> Double-check that your social security number is written correctly.</li> <li><u>MAILING ADDRESS:</u> Use the address where you want your check mailed. This may be different than your street address (for example, a P.O. Box).</li> </ul>
Type of Payee	• For the payee, "participant" has been pre-filled for you. <u>Do not fill any other box.</u>
Question 1	• If you select "yes" that you are related to an OU or OUHSC employee, you <u>MUST</u> list their name and relationship to you.
Question 2	• If you select "yes" that you have served as an OU employee within the last 12 months, you <u>MUST</u> provide a termination or retirement date.
Direct Deposit	• If you select "yes" that you would like to receive Electronic Funds Transfer (direct deposit) in the future, you <u>MUST</u> provide a valid email address. Additional steps are required by the State of Oklahoma to complete this process.
Residency Status	• Please select only <u>one</u> Residency Status (U.S Citizen, Permanent Resident, or Resident Alien). Physically sign and currently date this form.

If you are a Non-Resident Alien, please complete the form with no residency status selected and attach a copy of your Visa, Passport, I-94, W8-BEN, and IIF. For assistance, email stipendandwage@ou.edu.

After completion, please email, fax, or mail your document to:

CECPD

1801 N. Moore Ave Moore, OK 73160

Email: stipendandwage@ou.edu

Fax: (405) 799-7634

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Printed Name:

## THE UNIVERSITY OF OKLAHOMA INDIVIDUAL SUPPLIER REGISTRATION FORM

## PLEASE READ CAREFULLY

Note that you are only eligible to complete this form if you are operating under a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). Non-Resident aliens or those without a US Tax ID number will need to complete the appropriate W8 and IIF form. Completed forms should be returned to the department contact.

New Supplier Existing Sup	plier Supplier ID (	existing suppliers only):				
SUPPLIER INFORMATION – TO BE COMPLETED BY SUPPLIER						
Name: Last Name Mailing Address:	First Name		Middle Initial SSN or ITIN:			
(number, street, and apt. or suite no.) City:	) State:		Zip Code:			
<b>Type of Payee</b> : Candidate/Recruit	Guest/Visitor	Honorarium	Independent Contractor			
Participant/Research Subject	Student	Other				
*If Other, please explain your relationship with O	U:					
Are you related to a current OU or OUHSC er	nployee?	Yes	No			
*If Yes, please provide their name and relationsh	ip:					
Have you served as an employee of the Unive State System of Higher Education within the *If Yes, please provide termination/retirement da	past 24 months? te (MM/DD/YY):	Yes	No			
Would you like to receive Electronic Fund Tra Yes No	ansfer (EFT) payments	instead of paper c	hecks in the future?			
*If Yes, please provide your email address:						
<ul> <li>*If Yes, please provide your email address:</li> <li>Residency Status <ul> <li>U.S. Citizen</li> <li>Permanent Resident* (Must provide copy of green card.)</li> <li>Resident Alien* (Must submit IIF form.)</li> </ul> </li> <li>Under penalties of perjury, I certify that: <ul> <li>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</li> <li>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; and</li> <li>I am not subject to the that I am no longer subject to backup withholding; and</li> <li>I am a U.S. citizen or other U.S. person; and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> <li>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.</li> </ul> </li> <li>I certify that I have reviewed the completed this form in its entirety and all information contained within is true and accurate to the best of my knowledge. I acknowledge that the University of Oklahoma considers certain types of payments as compensation for Internal Revenue reporting purposes and may send either an IRS Form 1099 or 1042 as required by IRS regulations.</li> </ul>						
DEPARTMENT USE ONLY – PARTICIPANT PAYMENT RECORD						
Method of Payment: Check Cas	sh Gift Card		Amount:			
Department Signature:			Date:			

Title: