



PennState

PaymentWorks

NEW SUPPLIER REGISTRATION

US Individual Supplier

Office of Central Procurement
PSUsuppliers@psu.edu

SUMMARY

This document is used to provide examples and guidance for some of the questions that individuals will see as they progress through the registration process.

This captures most of the required questions, indicated on the form by a red asterisk (*).

There may be additional questions that appear based on the selections made.

If at any time you need to exit the application, you may hit Save and Exit at the bottom of the page. Once ready to complete the application, you may resume where you left off.

General Help:

For assistance with registering, please visit the General Help link below or contact psusuppliers@psu.edu.

<https://community.paymentworks.com/payees/s/topic/0TO3k000001uFcNGAU/completing-your-registration>

Submitting a Support Ticket:

For technical assistance, please submit a Support Ticket with Payment Works.

<https://community.paymentworks.com/payees/s/contactsupport>

Getting Started:

To register as an individual supplier, you will need to select Individual, Sole Proprietorship, or Single-Member LLC. Then select if you are registering using an EIN or an SSN.

You may opt to have Payment Works generate a W-9 on your behalf or you may upload your own completed W-9. If you choose to have the W-9 generated on your behalf, be sure to review the backup withholding message.

Tax Information

All fields marked with a red asterisk (*) are required fields.

All other fields are optional.

For tax purposes, which best describes you? *

- Individual, Sole Proprietorship, or Single-member LLC
- Corporation or other complex business entity

Country of Citizenship *

(Country of Incorporation if using EIN)

United States 

Are you using an SSN or EIN? *

- SSN
- EIN

Generate Electronic W-9 *

When you use PaymentWorks, we will create an IRS form W-9 for you automatically, unless you opt out. Electronic W-9's are convenient for you and provide enhanced security for your information. You may wish to opt-out of electronic W-9 generation if you have any exemptions (Section 4) or specific signature requirements (see instructions on page 4 and 5 of the W-9).

- Yes
- No

Form W-9 Certifications

You have chosen to submit your Form W-9 electronically. Please confirm the following certifications:

Tax ID Type

- The Tax ID number shown on this form is my correct taxpayer identification number

Backup Withholding

- 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.

Enter your personal information.

Personal Information

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Your Full Name or DBA (doing business as) Business Name

Enter your full name, or your business name as you would like it to appear on a check or other form of payment made out to you.

Telephone Number*

Preferred Email*

Website

Description of Goods or Services

Enter your primary address.

Primary Address

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Country*

Street 1*

Street 2

City*

State*

Zip / Postal Code*

Enter your remittance address. This is the location where a check payment will be sent if that is the payment method you choose. If the payment location is the same as your primary location, you may select the box that says “Same as Primary Address.”

Remittance Address

All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Same as Primary Address

Country*

Street 1*

Street 2

City*

State*

Zip / Postal Code*

For the Supplier Category question, you will either answer as US Individual or US Entity depending upon if you registered using an EIN or an SSN.

If your EIN was used to register, you will select US Entity. You will be asked 1099 Tax information questions, to enter your NAICS and Cage codes if applicable, and to disclose if you are registered on Sam.gov. You will then be asked if you receive purchase orders and to add specific contact information relevant to POs. You will then arrive to the conflict-of-interest questions.

For the purposes of this job aide, we will continue as a US Individual.

Additional Information
All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Please contact psusuppliers@psu.edu if you have questions related to the Additional Information section of the registration.

Supplier Category*
Please choose a selection that best applies to you

If at any point an individual is classified as an employee to be paid via Payroll Services, they will be prompted to not proceed with the online enrollment. If that happens, they should contact psusuppliers@psu.edu for further direction

US Individual	▼
Choose One	
US Individual	
International Individual	
US Entity	
International Entity	

the option as "Choose One."

After selecting US individual, you will need to choose the selection that best matches why you are registering. If you are registering as a Research Participant or Honorarium Guest Lecturer, you will bypass the NAICS and Cage code section as well as the purchase order section.

For this job aide, we will be selecting None of These Apply as this will populate the full form.

Additional Information
All fields marked with a red asterisk (*) are required fields.
All other fields are optional.

Please choose a selection that best applies to you*

If you would like to change the above Supplier Category Question to US or International Entity, please revise this question to show the option as "Choose One."

If at any point an individual is classified as an employee to be paid via Payroll Services, they will be prompted to not proceed with the online enrollment. If that happens, they should contact psusuppliers@psu.edu for further direction

Choose One	▼
Choose One	
US Research Participant Choice	
US Honorarium/Guest Lecturer	
US Lion Cash	
US None of these apply	

For 1099 reasons, please disclose if you will be receiving a payment for any of the following options.

Additional Information

All fields marked with a red asterisk (*) are required fields.

All other fields are optional.

1099 Tax Information for Individuals

Are you being paid for any of the following?*

- Royalties or broker payments in lieu of dividends or tax-exempt interest
- Rents
- Services performed by someone who is not your employee
- Prizes and awards
- Other income payments
- Medical and healthcare payments
- Crop insurance proceeds
- Cash payments for fish (or other aquatic life) you purchase from anyone engaged in the trade or business of catching fish
- Cash paid from a notional principal contract to an individual or partnership or estate
- Payments to an attorney
- Any fishing boat proceeds
- Nonemployee compensation (self-employment income)
- None of these statements are true

Answer the below questions as “yes” or “no”

All fields marked with a red asterisk (*) are required fields.

All other fields are optional.

Are you or are you aware of anyone at your organization this is a current or past employee in the University Payroll System?*

Choose One



Are you or are you aware of anyone at your organization that was on record as an employee of the University any time during the last twelve months?*

Choose One



 This field is required

To the best of your knowledge, will the University hire this individual as an employee immediately following the termination of this service?*

Choose One



Do you, or does anyone at your organization know if they will provide the same or similar services while an employee?*

Choose One



To the best of your knowledge, is the individual a Guest Lecturer who lectures at only a few sessions for a week or less during the calendar year?*

Choose One



Do you know if they will they be teaching more than a week?*

Choose One



Are you, or is anyone at your organization aware if the individual will provide the same or similar services to other entities or to the general public as part of a trade or business?*

(e.g. had Federal ID#, letterhead, invoices, advertising, etc.)

Choose One



Are you or is anyone at your organization aware if the University will provide the specific instructions regarding the performance of the required work rather than rely on the individual's expertise?*

Choose One



Answer the below question as “yes” or “no”

Additional Information

All fields marked with a red asterisk (*) are required fields.

All other fields are optional.

Will the University set the number of hours and/or days of the week that the individual is required to work, as opposed to allowing the individual to set own work schedule?*

Choose One

If applicable, enter your NAICS Code and your Cage Code. If not applicable, enter N/A.

Additional Information

All fields marked with a red asterisk (*) are required fields.

All other fields are optional.

NAICS Codes*

<https://www.naics.com/>

Please enter the NAICS codes that indicate the types of goods you will be providing.

Input N/A if these do not apply

Cage Codes*

<https://cage.dla.mil/>

Please enter the Cage codes that apply. Input N/A if these do not apply

Answer “yes” or “no” to the Sam.gov question and list whether or not you accept purchase orders. If you do not accept purchase orders, you will be taken to the conflict-of-interest questions. If you answer “yes” to accepting POs, you will be asked further questions.

Additional Information

All fields marked with a red asterisk (*) are required fields.

All other fields are optional.

Are you registered in SAM.GOV?*

SAM.gov site

If awarded a Purchase Order via Federal Funds a Supplier will be required to register with SAM.GOV *

Choose One

Purchase Order Information

Do you accept Purchase Orders?*

Yes

If answering “yes” to accepting purchase orders, you will need to enter the correct email address for POs to be sent, and you will need to review our insurance information and upload a copy of your certificate of insurance if applicable.

<p>Additional Information</p> <p>All fields marked with a red asterisk (*) are required fields.</p> <p>All other fields are optional.</p>	<p>Choose One ▼</p> <p>Purchase Order Information</p> <p>Do you accept Purchase Orders?*</p> <p>Yes ▼</p> <p>Please provide your email address for purchase order delivery*</p> <input type="text"/>
	<p>Insurance Information</p> <p>Please review the following and acknowledge*</p> <p>https://purchasing.psu.edu/insurance-requirements</p> <p><input type="checkbox"/> I have read the Penn State Insurance Requirements</p> <p>Insurance Document Upload</p> <p><input type="button" value="Choose File"/> No file chosen</p>

You will then be prompted to add an Accounts Receivable Contact as well as a Sales contact. You may enter the appropriate information or leave this section blank.

<p>Additional Information</p> <p>All fields marked with a red asterisk (*) are required fields.</p> <p>All other fields are optional.</p>	<p><input type="button" value="Choose File"/> No file chosen</p> <p>Accounts Receivable Contact Information</p> <p>Accounts Receivable Contact Name</p> <input type="text"/>
	<p>Accounts Receivable Contact Phone Number</p> <p><input type="text"/>  <input type="text"/> ext. <input type="text"/></p> <p>Accounts Receivable Contact Email</p> <input type="text"/>
	<p>Sales Contact Information</p> <p>Sales Contact Name</p> <input type="text"/>
	<p>Sales Contact Phone Number</p> <p><input type="text"/>  <input type="text"/> ext. <input type="text"/></p> <p>Sales Contact Email</p> <input type="text"/>

You will then be asked to complete the conflict-of-interest questions. If you registered using your SSN, you will complete this section on behalf of yourself. If you registered using and EIN and have employees, complete this section on behalf of yourself and your employees.

Additional Information

All fields marked with a red asterisk (*) are required fields.

All other fields are optional.

Additional Information

All fields marked with a red asterisk (*) are required fields.

All other fields are optional.

Conflict of Interest Information

Instructions for Conflict of Interest section

If you are registering as an individual, please answer the following section on behalf of yourself only.

If you are registering on behalf of your company, please answer the following section on behalf of yourself and any other employees of your company.

Does any Penn State employee hold any paid position or serve as an officer or director of this company?*

▲ This field is required

Does any Penn State employee serve as an officer, partner, or director of this company?*

Is any immediate family member (spouse or dependent child) of a Penn State employee a partner, sole proprietor, or have an ownership interest of 10% or more in this company?*

Does any member of a Penn State Board of Trustees immediate family (spouse or dependent child) have an ownership interest of 10% or more in this company?*

If you answer “yes” to any of the conflict-of-interest questions, be sure to enter the employees name and the department where they work.

Does any Penn State employee hold any paid position or serve as an officer or director of this company?*

Name of current University employee *

Department where employee works *

Enter your payment information.

Payment Information

Bank Location *

Please indicate whether you will be using a US bank account or a foreign bank account to deposit your payment.

- Choose One
- US Bank
- International Bank

Wed 9/13/2022, 11:05:52 AM

Save And Exit

Submit

If you use a US Bank, you may be paid via ACH, Wire, and Check. If you select international bank, you may be paid via Wire and Check. ACH is not an option. Select your preferred payment method.

Payment Information

Bank Location *

Please indicate whether you will be using a US bank account or a foreign bank account to deposit your payment.

Payment Method for Payees with a US Bank Account *

- Choose One
- ACH
- Wire
- Check

3/2022 11:08:00 AM

Save And Exit

If you choose to be paid electronically, you will be asked to provide the below information. Be sure to provide a valid bank file.

Banking Information

All fields marked with a red asterisk (*) are required fields.

All other fields are optional.

Bank Name*

Name on Account*

Account Number*

Confirm Account Number*

Banking Information

All fields marked with a red asterisk (*) are required fields.

All other fields are optional.

Account Type*

Routing Number*

SWIFT Code

Bank Validation File*

An image or PDF file can be used here containing one of the following:

- Letter on company letterhead
- Voided check
- Voided deposit slip
- Letter from your bank
- Copy of a bank account statement

No file chosen

Email Address for Payment Notifications*

Bank Authorization*

Customers using PaymentWorks and the financial institution named herein are authorized to automatically deposit monies to my account

I Agree

You will then be asked to list the bank's address.

Bank Address

All fields marked with a red asterisk (*) are required fields.

All other fields are optional.

Country*

Street 1*

Street 2

City*

State*

Zip / Postal Code*

Once completed, you may hit Submit to have your application reviewed.

Submit

***Thank You for choosing to become a supplier
with Penn State University!***