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.
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**

[Phone 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**

- [United States]

**Street 1**


**Street 2**


**City**


**State**

- [Select a State]

**Zip / Postal Code**


New Supplier Registration - US Individual Supplier
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.”

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.

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

<table>
<thead>
<tr>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>All fields marked with a red asterisk (*) are required fields.</td>
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<tr>
<td>All other fields are optional.</td>
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</table>

<table>
<thead>
<tr>
<th>1099 Tax Information for Individuals</th>
</tr>
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<tbody>
<tr>
<td>Are you being paid for any of the following?</td>
</tr>
<tr>
<td>☐ Royalties or broker payments in lieu of dividends or tax-exempt interest</td>
</tr>
<tr>
<td>☐ Rents</td>
</tr>
<tr>
<td>☐ Services performed by someone who is not your employee</td>
</tr>
<tr>
<td>☐ Prizes and awards</td>
</tr>
<tr>
<td>☐ Other income payments</td>
</tr>
<tr>
<td>☐ Medical and healthcare payments</td>
</tr>
<tr>
<td>☐ Crop insurance proceeds</td>
</tr>
<tr>
<td>☐ Cash payments for fish (or other aquatic life) you purchase from anyone engaged in the trade or business of catching fish</td>
</tr>
<tr>
<td>☐ Cash paid from a notional principal contract to an individual or partnership or estate</td>
</tr>
<tr>
<td>☐ Payments to an attorney</td>
</tr>
<tr>
<td>☐ Any fishing boat proceeds</td>
</tr>
<tr>
<td>☐ Nonemployee compensation (self-employment income)</td>
</tr>
<tr>
<td>☐ None of these statements are true</td>
</tr>
</tbody>
</table>
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 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”

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

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.
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.

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.
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 an EIN and have employees, complete this section on behalf of yourself and your employees.

**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?**
  
  Choose One

  **This field is required**

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

- 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?**
  
  Choose One

- 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?**
  
  Choose One
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?*

Yes

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

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.
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 an asterisk (*) are required fields. All other fields are optional.

- **Bank Name**

- **Name on Account**

- **Account Number**

- **Confirm Account Number**

- **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

  Choose File [No file chosen]

- **Email Address for Payment Notifications**

- **Bank Authorization**

  Customers using PaymentWorks and the financial institution named herein are authorized to automatically deposit moneys 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

United States

Street 1

Street 2

City

State

Select a 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!