State of Oklahoma Online Vendor Payment Processing

G.R.I.P. Assistant Payee Registration

OMES Online Registration Job Aid

Supplier Portal (oklahoma.gov)

POC: Jennifer Gonzalez G.R.I.P. Manager jennifer.a.gonzalez18.civ@army.mil 405-228-5755



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About Media Divisions Services Careers

Office of Management and Enterprise Services (090) > Services > Central Purchasing > Supplier Portal



IF YOU WERE PREVIOUSLY REGISTERED AS A SUPPLIER IN THE OLD SYSTEM, PLEASE VISIT <u>HERE TO REQUEST YOUR USER ID</u>.



State of Oklahoma 🔻





Bidder\Supplier Registration								
Icome - Step 1 of	6	Addresses	Contacts	Exit Prev	ious Next >			
Welcome to the State of O	klahoma Registration System.							
The individual completing the PeopleSoft Supplier ID, and ir You must have a US Taxpayer	e registration will serve as the Authorized Istructions for accessing the online accou Identification Number (i.e., Social Securit	Account Manager (AAM), responsible fr int will be sent upon registration approv y Number, Employer Identification Num	or creating and maintaining th /al. nber, or ITIN.) Non-US entities	e information on file. An email with UserID without a US Taxpayer ID Number should c	login information, the assigned ontact OMES Supplier Registrat			
The individual completing the PeopleSoft Supplier ID, and ir You must have a US Taxpayer via email at <u>supplier registrati</u> elect an activity belo	e registration will serve as the Authorized Istructions for accessing the online accou Identification Number (i.e., Social Securit <u>on@omes.ok.gov</u> for assistance. W: ⑦	Account Manager (AAM), responsible fr nt will be sent upon registration approv y Number, Employer Identification Num	or creating and maintaining th /al. nber, or ITIN.) Non-US entities	e information on file. An email with UserlD without a US Taxpayer ID Number should c	login information, the assigned ontact OMES Supplier Registrat			
The individual completing the PeopleSoft Supplier ID, and ir You must have a US Taxpayer via email at <u>supplier.registrati</u> elect an activity belo © Start a new registr What type of ent	e registration will serve as the Authorized Istructions for accessing the online accou Identification Number (i.e., Social Securit on@omes.ok.gov for assistance. w: ⑦ ration form ity do you represent?	Account Manager (AAM), responsible for nt will be sent upon registration approv y Number, Employer Identification Num HANGE the dot	or creating and maintaining th val. nber, or ITIN.) Non-US entities	e information on file. An email with UserID without a US Taxpayer ID Number should c	login information, the assigned ontact OMES Supplier Registrat			
The individual completing the PeopleSoft Supplier ID, and ir You must have a US Taxpayer via email at <u>supplier registrati</u> elect an activity belo © Start a new registr What type of ent © Business © Individual	e registration will serve as the Authorized Istructions for accessing the online accou Identification Number (i.e., Social Securit on@omes.ok.gov for assistance. w: ⑦ ration form ity do you represent?	Account Manager (AAM), responsible for nt will be sent upon registration approv y Number, Employer Identification Num HANGE the dot COM Business	or creating and maintaining th val. nber, or ITIN.) Non-US entities	e information on file. An email with UserID without a US Taxpayer ID Number should c	login information, the assigned ontact OMES Supplier Registrat			

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/e	Welcome Identifying Informati	on Addresses	Contacts	Categorizatio	n	Submit
	Identificing Information Oten 2 of C		Exit	Save for Later	Previous	Next >
	* Required field	Moving forward ju	<mark>st fill out the</mark>			
	Required field	fields with the * to	the right of the			
at		title. <mark>ONLY WHERE</mark>	THERE ARE			
	Unique ID & Company Profile ⑦	NOTES				
	* Tax Identification Number	111-22-3333		Add your SS	N here	
	* Entity Name	Your Name Goes Here		Add your ful	I name men	ıt
	http://URL	Leave Blank		Open URL		
	Profile Questions ⑦ * Are you employed by an Oklahoma state agency?	No 🗸	Select NO from	the drop		

		Look Up List ×	
* Select entity type:	Question ID List Line Number	E IRS5	
* Are you a non-profit business?	Search	ar Cancel Basic Lookup	
* Complete and upload the appropriate US Taxpayer Verification document.	Search Results	1.15 of 15 x	
<u>W9 form</u>	List Line Number		
U.S. Entities. Required for all domestic U.S. individuals and businesses.	1	INDIVIDUAL	Select entity type field by
W-8BEN form	2	SOLE PROPRIETOR	Click on the word
Non-US Individuals - IRS Form W-8BEN	3	SINGLE MEMBER LLC	"INDIVIDUAL"
W-8BEN-E form	4	LLC S CORP	
Non-US Business Entities with a U.S. taxpayer identification number (EIN or ITIN) - IRS Form W-	5	LLC C CORP	
8BEN-E	6	LLC PARTNERSHIP	
* Enter the primary entity name that appears on	7	PARTNERSHIP	
your IRS Form W-9 and tax return.	8	CORPORATION - C CORP	<i>k</i>
	9	CORPORATION - S CORP	
tradenames, doing business as (DBA) names, and disregarded entity names reported to the	10	TRUST	

		Bidder\Su	oplier Registration	
	* Select entity type:	INDIVIDUAL	٩	INDIVIDUAL will populate in the field once selected.
	* Are you a non-profit business?	No 🗸	Select no from the	drop
	*	Add Attachment	Ø	
	Complete and upload the appropriate US Taxpayer Verification document.	You will have to com	plete a W9 Form.	
>	W9 form			C.I.
	U.S. Entities. Required for all domestic U.S. individuals and businesses.	out-print-scan back	to you / See example	e below to fill out correctly /
	W-8BEN form	upload directly back	on this page by sele	cting "ADD ATTACHMENT".
	Non-US Individuals - IRS Form W-8BEN			0
	W-8BEN-E form			
	Non-US Business Entities with a U.S. taxpaye	ir Ma		
	identification number (EIN or ITIN) - IRS Form 8BEN-E	···-		
_	identification number (EIN or ITIN) - IRS Form 8BEN-E * Enter the primary entity name that appears of your IRS Form W-9 and tax return.	on		

Form (Rev. C Departs	W-9 October 2018) ment of the Treasury Revenue Service		R Identificat	equest for ion Numb	or Taxpayer per and Certif	ication		Give Form to the requester. Do not send to the IRS.
in Grita	1 Name (as shown	on your income	tax return). Name is req	uired on this line;	to not leave this line blank			
	Doe, Jane							
	2 Business name/d	faregarded entit	y name, if different from	above				
e. ns on page 3.	S Check appropriat following seven b 	te box for federa boxes. e propr ieter or sr LLC	al tax classification of the	s person whose na	nne is entered on line 1. Ci	heck only one of the	4 Exemp certain en instruction Exempt pa	tions (codes apply only to tities, not individuals; see ns on page 3): ayee code (if any)
Print or typ ific instructio	Limited liabilit Note: Checkt LLC if the LLC another LLC t is disegarded	ty company. Ext the appropriate C is classified as that is not disreg I from the owne	er the tax classification (box in the line above for a single-member LLC th arded from the owner for should check the approx	C=C corporation, the tax classification nat is disregarded or U.S. federal tax opriate box for the	S=S corporation, P=Partne on of the single-member of from the owner unless the purposes. Otherwise, a sin tax classification of its own	anship) ► awner. Do not check owner of the LLC is ngle-member LLC that ner.	Exemption code (if a	n from FATCA reporting
ĕ	Other (see ins	Tuctions) ►				Dec tests	(Applès 5) ec	course maintained euclide the U.S.)
8	1234 W9 Str	reet	OF SURE NO. J See FISTR			Requester s name a		
ő	6 City state and Z					-		
	Oklahoma C	ity. OK 73	111					
	7 List account num	ber(s) here (opti	(Isno					
Par	Taxpa	ver Identifi	cation Number (TIN)		A		
Enter backu reside entitie TIN, la	your TIN in the app up withholding. For ant alien, sole prop s, it is your employ ater.	propriate box. rindividuals, tr rietor, or disre yer identificati	The TIN provided mu his is generally your su garded entity, see the on number (EIN). If yo	est match the na ocial SOCUTITY flue instructions for buildo not have a	me given on line 1 to a mber (SSN). However, r Part I, later. For other number, see How to g	void Social 3 for a 1 1 1 et a Orr		2 - 3 3 3 3
Note: Numb	If the account is in er To Give the Rec	n more than or quester for gui	ne name, see the instr delines on whose nur	ructions for line mber to enter.	1. Also see What Name	and Employer	-	ion number

Part II Certification

Under penalties of perjury, I certily 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

- 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 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 for Part II, later.

Sign Here	Signature of U.S. person > Jane Doe	Date 08/24/2023
Gene	ral Instructions	 Form 1099-DIV (dividends, including those from stocks or mutual funds)
Section re	aferences are to the Internal Revenue Code unless otherwise	• Form 1099-MISC (various types of income, prizes, awards, or gross

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	Attachmen	its					- 11
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ter	the primary e	entity name that appears on			E.		

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₽ Q				1-1	of 1 V	View All				
	Attached File		Attachment Description	Upload	View					
1	Form_W-9_exan	nple.pdf		Upload	View	+ -				
	Return W9 is attached / click return you will not be able to move past page 2 until you have completed this task									

* Enter the primary entity name that appears on your IRS Form W-9 and tax return.	Your Name Goes Here	Į.	Add your full name
If applicable, enter any additional registered tradenames, doing business as (DBA) names, and disregarded entity names reported to the IRS under primary filing entity Taxpayer Identification Number. Additional names should only be provided if different than the legal name and future payments or procurement activities will be applicable to the additional name.			
If you are registering as an LLC, please complete the attached <u>LLC DISREGARDED ENTITY</u> <u>VERIFICATION FORM</u> . If you are an LLC, the Disregarded Entity Form is required.	Add Attachment		
If applicable, please list your federal Unique Entity ID (UEI) with the federal System for Award Management (Sam.gov).		A	
* Are you currently certified as a Diversified Business?	No Select NO from the drop down		
If you are a Diversified Business according to the guidelines provided by the Oklahoma Department of Commerce, please select all that apply from the list below:	Q		

	Bidder\Sup	plier Registration			×
If you are registering as an LLC, please complete the attached <u>LLC DISREGARDED ENTITY</u> <u>VERIFICATION FORM</u> . If you are an LLC, the Disregarded Entity Form is required.					•
If applicable, please list your federal Unique Entity ID (UEI) with the federal System for Award Management (Sam.gov).				<u>م</u>	
* Are you currently certified as a Diversified Business?	No 🗸	Select NO from t	he drop down		
If you are a Diversified Business according to the guidelines provided by the Oklahoma Department of Commerce, please select all that apply from the list below:		۹			
If applicable, attach Diversified Business A Certification documentation.	Add Attachment	ß			
comments ⑦				Sten 2 is	
				complete.	.
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equired field		Exit	Save for Later	Previous Next >	

		Bidder\Supplier Registration ×								
				-				Î		
Welcome	Identifying Information	Addresses	С	ontacts	Categorization	า	Submit			
				Exit	Save for Later	Previous	Next >			
Addresses - Step 3 Please provide address in Primary Address (?)	of 6	ons and payments					Step 3 is complete.			
* Country Address 1	USA Q United States		Input your H	lome of F	Record (HOR) ac	ldress	Click next			
Address 2	·		–where you	live—in t	hese fields					
County	Oklahoma City Oklahoma	Postal	73111							
State	ОК Q									
Email ID	omescompletion@yahoo.com]						
Other Addresses ⑦ Check boxes below to	o indicate addresses that are differer	it from your Primar	ry Address above:	If you I Box for ADDRE	ive on a rural ro mail, check the SS box so paym	oute and h e REMIT To ent check	ave a PO O can be			
Remit To Address				mailed	to correct addr	ess.		-		

JI LAVE VVCICUTIC IU	USPS Address Validation									
Address Validation				Î						
Primary Address entered by you: Address1 1234 W9 STREET Address 2 City OKLAHOMA CITY State OK County OKLAHOMA Postal 73111 Country USA Check this box to skip the USPS Accept address	address and use the address you have entered.	Address return Address 1 Address 2 City State County Postal Country	ed by USPS- 1234 NW 9TH ST OKLAHOMA CITY OK 73106 USA	This screen is validating the address you entered against what the United States Postal Service has on record. Typically, they are the same. If Different, check the box if you want to use the address you entered and not the USPS address						
				•						

Bidder\Supplier Registration								
Welcome	Identifying Information	Addresses	Contacts	Categorization	l	Submit		
			Exit	Save for Later	Previous	Next >		
Contacts - Step 4 of	6							
Complete the following Authorized Account Manager (AAM) contact information. Upon registration approval, an email will be sent with instructions for accessing the online account.								
* Required field								
Company Contacts ?)							
You have not added a	ny contact information to your applicat	ion. Choose "Add Contact" to a	dd new contact infor	nation.				
Add Contact								
			Exit	Save for Later	Previous	Next]	
* Required field							J	
	Step 4 requires you to	have an alternate						
	contact for account a	pproval in addition	to					
	support, for example	a returned check.						
		r ″						
	Select "ADD CONTAC	l						

	Add Contacts		×	
Contact Information ⑦			i	
Description				
* First Name	Jennifer	PI	rimary Contact	
* Last Name	Gonzalez			
Title	G.R.I.P Manager			
* Email ID	jennifer.a.gonzalez18.civ@army.mi			
* Telephone	405-228-5755	Ext		
Fax Number				
Contact Type		~		
User Profile Informatio	Add GRIP Manager while GRIP being contracted to ensure payment processing.			
* Requested User ID	You Make Up Your Own User ID	You will receive login & password info		
Description	Leave Blank	from OMES site via email. You can change your POC after payment or you		
Language Code	English ~	GRIP assistance is full	ly complete.	
Time Zone	~	Select OK to finish.		
Currency Code	US Dollar 🗸			
ОК	Cancel			



Contacts - Step 4 of 6

Complete the following Authorized Account Manager (AAM) contact information. Upon registration approval, an email will be sent with instructions for accessing the online account.

* Required field				
Company Contacts ⑦				
Primary	Name Phone		Designate Address	
۲	Jennifer Gonzalez 405/22	3-5755	Primary Address	î
Add Contact * Required field	Your record will show the GRIP Manager as the Primary <u>COMPANY</u> POC Select Next to continue to step 5.	Exit Save	e for Later	Next 🕨





2) Email the GRIP Manager responding from the GRIP approval email sent to you in Gmail. Provide the 10 digit number (0000001234) given to you at the end of submission.

3)Using the same email correspondence chain, notify the GRIP Manager once OMES send the account approval email. Please try to forward the entire email. There is no sensitive material in this email, so it will be safe to send.

POC: Jennifer Gonzalez G.R.I.P. Manager jennifer.a.gonzalez18.civ@army.mil 405-228-5755