

IRS Form W-9

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION (FOR USE BY U.S. CITIZENS, U.S. ENTITIES, OR RESIDENT ALIENS ONLY)

Instructions: Complete all parts and return this form to: Student Organization Accounts, Franklin Hall Room 002, 601 E Kirkwood Ave., Bloomington, IN 47405. This completed form is required to be filed with us before payment can be processed.

Part I - Name, Address and Tax Status

Legal Name (As reported for Federal Income Tax purposes and matches number listed below)

Trade Name

Address

City ST ZIP

Please indicate (✓) ownership status and provide TIN

- Individual (SSN), Sole-Proprietor (SSN or EIN), Partnership (EIN), Estate/Trust (EIN), Health Care Provider, Corporation (not Medical) (EIN), LLC (Partnership or Inc.) (EIN), Governmental (U.S., State, Local) (EIN), Non-Profit Organization (EIN), Legal Services (Attorney), Other

Social Security Number --or-- Employer Tax ID Number

Part II - Exemption

If you are exempt from Backup Withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct name and TIN in Part I and write "Exempt" on line provided here; sign, date and return to requester. (Individuals, sole-proprietors are not exempt.)

Part III - Certification

Instructions: You must cross out item 2 below if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

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 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. person (including a U. S. resident alien).

Signature Title Date

Dept. Use Only Payee # Phone #