

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Befor	e you	begin. For gu	uidance related	to the purpose of	f Form W	V-9, see <i>Pu</i>	irpose of	Form, belo	w.										
	1 Na		idividual. An entry	y is required. (For a			<u> </u>			's name	on line	e 1, a	and	enter th	e bus	iness	s/disr	egarded	
Print or type. See Specific Instructions on page 3.	India	Indiana University																	
				name, if different fi	om above).													
	Trust	ees of Indi	ana Universi	ty															
													4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						
	Individual/sole proprietor C corporation S corporation Partnership Trust/estate													see instructions on page 3).					
		=		on (C = C corporation				. ,				E	Exempt payee code (if any)3						
	Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. State of Indiana Governmental Tax Exempt Organization													Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)					
	✓ Other (see instructions) State of Indiana Governmental Tax Exempt Organization													(ir any)		—	C3		
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions												(Applies to accounts maintained outside the United States.)						
	5 Address (number, street, and apt. or suite no.). See instructions. Requester's name											and address (optional)							
	1024 E 3rd Street, Room 132																		
	6 City, state, and ZIP code																		
		mington, IN st account num	1 4 / 405 nber(s) here (optio	 onal)															
			() ()	,															
Par	tΙ	Taxpaye	r Identificat	tion Number	(TIN)														
	-		•	he TIN provided r			•			So	cial se	cur	curity number						
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other												-		-					
		your employe	er identification	number (EIN). If	you do n	ot have a n	number,	see How to	get a	or					_				
TIN, la										En	nploye	r id	entif	ication	numl	ber			
Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.										3	5	-	6	0 0	1	6	7	3	
Par	t II	Certifica	tion							'				•					
	•		y, I certify that:																
			•	r correct taxpayer ig because (a) I ar			•	•						, .		nal i	2010	nue	
Ser	vice (IF	RS) that I am		kup withholding a															
				on (defined below)); and														
4. The	FATC	A code(s) en	tered on this fo	rm (if any) indicat	ing that I	am exemp	ot from F	ATCA repo	rting is	correct									
				ss out item 2 abovest and dividends	•			,	•		-	•			•			•	
				roperty, cancellation															
		terest and div		not required to si		rtification, b	but you n	nust provide	your co	orrect T	IN. Se	e th	ne ir	structi	ons fo	or Pa	art II,	later.	
Sign Here	s L	ignature of I.S. person	1.1	d D Lux	les				Date	1/9/20	025								
			Dimenu																
Г	Plea	se Note:	The addre	ess listed ab	ove is	to be us	sed or	ly for ta	x ren	ortin	og ni	ırr	200	es n	er t	he	W-	9	
Please Note: The address listed above is to be used only for tax reporting purposes per the W-9 instructions. All correspondence to Indiana University should be directed to the contact informatic listed below. Invoices only should be sent to the remit address.																			
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L			listed i	elow. Invol	ces on	ily snoul	id be s	ent to t	ne re	mit a	adar	es	s.						
Re	emit	Address	Indiana U	Iniversity			Co	ontact	Inc	liana	Uni	ve	rsi	tv					
fo	r Pa	yments:	AP Billing	malana Oniversity						Indiana University Accounts Payable									
		,	_	'											L - 1				
			PO Box 4						ntt	ps://	go.II	u.e	du	/pro	nell	þ			
			Scranton,	, PA 18505															