

Legal Name

(Required, do not leave blank)

(As registered with the IRS)

Business Name

(Disregarded entity name, if different from above)

(If doing business as (DBA) or business name of sole proprietorship)

Taxpayer Identification Number (TIN)

The TIN provided must match the Legal Name given on Line 1 (Provide only ONE.)

DUNS Number

NO DUNS NUMBER

Federal Employee Identification

Social Security Number

OR

Check appropriate box for federal tax classification (Check only one of the following boxes)

- Individual/Sole Proprietor Limited Liability Company Partnership Other
- Joint Venture Limited Liability Partnership Exempt Payee Corporation

Pennsylvania Act 43 requires Pennsylvania businesses and not-for-profits to withhold Pennsylvania Personal Income Tax at a rate of 3.07 percent paid to nonresident individuals and single-member LLCs that have nonresident owner if the payor is required to file a form 1099-Misc with the Department of Revenue and if the amount paid is \$5,000 or more in a calendar year. Withholding from amounts paid less than \$5,000 during the calendar year is optional and at the discretion of the payor.

Exemptions (codes apply only to certain entities, not individuals);

Exempt payee code (if any)

Exemption from FATCA reporting codes (if any)

(Applies to account maintained outside the U.S.)

- Business entity/ individual performing services at a Temple University Pennsylvania location and a resident of Pennsylvania
- Business entity/ individual performing services at a Temple University Pennsylvania location and a non-resident of Pennsylvania (does not have a permanent place of business in Pennsylvania)
- Business entity/individual 1099-Misc Withholding Exception certificate; if this box is checked, a copy of exception certificate MUST be attached to this completed Form W-9

Diversity Type (Select all that are applicable)

- Corporation Minority Business (MBE) Woman Owned Business (WBE)
- Disadvantaged Business Enterprise (DBE) Small Business Disabled Owned Business
- Veteran Owned Business Independent Contractor (IC) Hub Zone

Primary Address

(Address where correspondence, purchase orders, or 1099's, will be sent)

PO Box or Street Address

City

State

Zip

Contact Information - Name

Phone

Fax #

E-Mail Address

Remittance Address

(Address where payments, if different from primary address, will be sent)

PO Box or Street Address

City

State

Zip

Under the 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 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. person (including a U.S. resident alien); 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 the IRS has notified you 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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign Here

Date