

SUBSTITUTE W9

Section 1 - NAME AND ADDRESS

Individual Name:(as shown on income tax return)

Email address:

Phone #:

Fax #:

Home Address:

Section 2 - INDIVIDUAL FEDERAL TAX CLASSIFICATION

Individual/Sole Proprietor

Section 3 - INDIVIDUAL TAXPAYER ID NUMBER

Social Security Number:

Section 5 - INDIVIDUAL RESIDENCY DECLARATION FOR TAX PURPOSES

All payments made by the University are subject to Federal and/or California State tax withholding requirements

Check All Boxes That Apply:

I am a US Citizen

I am Permanent Resident Alien and I have a Green Card

I am not a US Citizen and I do not have Permanent Resident Green Card

Payments may be subject to Federal tax withholding. Contact the Business Office for a list of required forms to determine if you are eligible to work in the USA.

Section 6 - CERTIFYING SIGNATURE

I hereby certify that under penalty of perjury:

- Under the law in the State of California that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.
- The payee's TIN (tax identification number) is correct.
- The payee is not subject to backup withholding due to failure to report interest and dividend income.
- The payee is a U.S. person, and the payee is exempt from FATCA reporting.
- Exempt payee code (if any) Exempt from FATCA reporting code (if any)

Signature: _____

Date: _____