PURDUE Substitute W-9				DO NOT SEND TO IRS			
Action Requested (Purdue staff: Please mark the appropriate box(es) and facilitate completion of the sections indicated)							
	CHANGE TI					egal Name (Parts 1, 3)	
□ NEW VENDOR REQUEST (Parts 1, 2, 3) □	☐ CHANGE Address (Parts 1, 2)			_			
	☐ CHANGE Direct Deposit/ACH (Parts 1, 2)					7	
			ide Name (Parts 1, 3)				
Part 1 Taxpayer Information (requi	ired)						
Name (Must match IRS records & the Taxpayer Iden	•	hor ho	alow)	Area	code an	d phone number	
Click here to enter text.	tilleation Num	ibei be	1000)	Click here to enter text.			
Business Name (If different from above or Doing Business As (DBA))					Number	inter text.	
Click here to enter text.	business As (D	БАЛ		Click here to enter text.			
Address (Number, street, and apt or suite number)				Email Address			
Click here to enter text.				Click here to enter text.			
City, State, and Zip Code				Country Click here to enter text.			
Click here to enter text.				Click here to enter text.			
Taxpayer Identification Number (TIN) For individuals, this is your Social Security number (SS	A1\			Enter your US TIN (if available) in the box			
Resident Aliens: See page 2 of the IRS Form W-9.	N).						
Other Entities: Enter your Employer Identification N	lumber (EIN)				Cl	lick here to enter text.	
If you do not have a number, see "How to get a TIN		the IRS	S Form W-9.				
	_		ess Type (check one box)				
			_		limi	ited Liability Company (LLC)	
☐ Individual / Sole Proprietor or single-n	nember LLC	•	☐ S Corporation			nter Tax Classification: <u>Click here to</u>	
☐ Partnership			☐ C Corporation		enter tex		
☐ Other			☐ Trust/Estate		enter tex	(C = C Corp, S = S Corp, P = Partnership)	
Note: For a single-member LCC that is disregarde	d, do not ched	k LLC;	check the appropriate box abov	e for the	e tax classi		
Exemptions (apply only to certain entities, not inc			Citizenship (check one bo			5	
	,		☐ US Citizen	,			
Exempt payee code (if any) Click here to en	ter text.		_	n+			
Exemption from FACTA reporting code (if	any) <u>Click</u>		☐ Permanent Resider	-			
here to enter text.				n or Foi	reign En	tity (If yes, enter Visa Type: <u>Click here</u>	
(Applies to accounts maintained outside the U.S	5.)		to enter text.)				
					Glacier file	(www.online-tax.net)	
			versity-related Disclosure				
Are you a student?			es If yes, enter institution: <u>Cli</u>	ck here	to enter	text.	
		□ N	0				
		□ Ye	es If yes, enter dates: Click he	ere to er	nter text.		
Are you a current or former employee of F						Outside Activity Form? 🗆 Yes 🗆 No	
,		□ N					
Do you have immediate relatives who are		_		ortmont	de Click be	are to enter text \	
Do you have immediate relatives who are Yes If yes, List name(s) and department(s Click here to enter text.):			ere to enter text.				
employed at Purdue?		□ N	0				
Part 2 Payment Method Dire	ect Deposi	t (Co	omplete Part 2)				
□ I red	nuest a na	ner (check (Skip to Part 3)				
	1acst a pa	pei '		- h - u	Cli ala la au	- An authoritaria	
Bank Name Click here to enter text.			Bank Phone Nun	nber	Click here	e to enter text.	
Bank Routing No. Click here to enter text.	Account	Num	ber Click here to enter to	ext.		☐ Checking☐ Savings	
I certify that the information provided is correct	t and that I	am an	authorized signer on design	ate of t	he accou	nt provided for direct deposit	
transactions, and am entitled to provide this authorization. I hereby authorize Purdue University to initiate credit entries, and debit entries in the							
event of overpayment, to the account and financial institution listed above. This authorization will remain in effect until revoked by the vendor in							
writing to the Purdue University Master Data Team.							
You must notify us immediately if you have instructed your bank to transfer Purdue's electronic payments to an account outside the United							
States. We will then need to collect additional information from you so that our bank can satisfy its regulatory obligations. Purdue cannot be							
responsible for any resulting delays.							
Signature:				Da	te: Click	here to enter text.	
Printed Name: Click here to enter text.							

Part 3 Certification

W-9 Information Certification

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 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.

Taxpayer Information Certification

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

By Signing below I:

- a) Certify that this invoice is correct and just, the amount claimed is legally due, after allowing for all just credits, no part of the same has been paid, no part will be paid by another entity, nor will any expenses claimed here be used as a deduction for tax purposes;
- b) Certify that I am not a Federal employee;
- c) Agree that all inventions and materials first developed or produced as a result of the above described consulting activities will be reported to Purdue and all rights, both domestic and foreign, to inventions and materials first developed or produced as a result of the above described consulting activities shall be retained by Purdue University, and
- d) Agree not to disclose any information furnished by Purdue University that was identified as proprietary information. Under penalties of perjury, I certify that:
- e) The information regarding citizenship in 12 above is correct.

Signature:	Date: Click here to enter text.
Printed Name: Click here to enter text.	

Part 4 Payment Information (f	or University staff co	mpleti	ion)				
To authorize payment for services re	endered, complete p	parts :	1 through 4 and forwa	ard with appropriate	e do	cumentation (receipts,	
proof of payment, etc.) to Payroll an	d Tax Services.						
Has a Statement of Work (SOW) bee	en executed for this	entity	//individual?			Yes □ N/A	
(Required when services provided are over 16	60 hours or multiple payr	ments I	B@P process: <u>Initiating a C</u>	onsulting Agreement)		No	
Description of Services / Reason for Payment		Click here to enter text.					
Period Covered by Payment			Click here to enter text.				
Was the work performed outside the	e United States?	□ Y	′es 🗌 No				
		Item	ized Payment				
	Fee/Rate		Quantity	Total		Foreign Currency	
Honorarium/Fees for Service	\$ Click here to enter text.	er C	lick here to enter text.	\$ Click here to ent text.	er	Click here to enter text.	
Expenses: Airfare	\$ Click here to enter text.		lick here to enter text.	\$ Click here to ent text.	er	Click here to enter text.	
Ground Transportation	\$ Click here to enter text.	er Click here to enter text.		\$ Click here to ent text.	er	Click here to enter text.	
Subsistence: Food	\$ Click here to enter text.	Click here to enter text.		\$ Click here to ent text.	er	Click here to enter text.	
Lodging	\$ Click here to enter text.		lick here to enter text.	\$ Click here to ent text.	\$ Click here to enter text.		
Other - Describe: Click here to enter text.	\$ Click here to enter text.		lick here to enter text.	\$ Click here to ent text.	\$ Click here to enter text.		
	•	TOT	AL INVOICE AMOUNT	\$ Click here to ent	er		

Account	G/L Account	Fund	Cost Center	Order	WBS Element	Earmarked Funds
Information	Enter text.					

By signing below, I certify that the services described in Part 4 are essential to the project, have been received, and the consultant's fees are appropriate.

Signature:	Title: Click here to enter text.	Date: Click here to enter text