Taxpayer Information													
						Area code and phone number							
Business Name (If different from above or Doing Business As (DBA))			_ _		Fax Number								
Address (number, street, and apt. or suite number)					Email Address (required for ACH notifications)								
City, State, and ZIP Code				ļ	Country								
City, State, and 21				Country									
	Tayna	yer Ident	<u> </u>	ion Ni	ımher (TI	VI)							
For individuals, this is	your Social Security Number (SSN). Resident Aliens: See page 2 of the	•					ificatio	n Numb	er (EIN). If you	ı do not h	nave a number, see '	'How to	
get a TIN" on Pg. 2 of t	the IRS Form W-9.		Ī	1		T 1			<u> </u>		1		
Enter your l	US TIN (if available) in the box - SSN or						-						
Employer Id	dentification number			T _ T						7	•		
			/		0	<u> </u>			_				_
Business Type (Check One)													
Individ		Corporation S Corporation Partnership Trust/Estate n: (C = C Corp, S = S Corp, P = Partnership)											
Limited	P = Partnersr	11p) -											
	Other Please specify other: Note: For a Single-Member LLC that is disregarded, do not check LLC; check the appropriate box above for the tax classification of the Single-Member owner.												
Exemptions (apply only to certain entities, not individuals)							izens	ship (check one bo	ox)			
Exempt payee code (if any)			US Citizen										
				Perm	anent Resid	ent							
Exemption from		Non-Resident Alien or Foreign Entity											
(Annlie)	s to accounts maintained outside the U.S.)			,	nter Visa Type: omplete and at		ior filo	(14/14/14/ 0	nline-tay net)				
(дрис	·	o Universi	ity Do				Jei ille	(00000.0	Tilline-tax.net/				
		e Univers	ity-ne	rateu	Disclosui	es							
Are you a student? Yes No If yes, enter institution													
Are you a current	Yes	No		If yes,	enter da	ites:							
If yes, Do you have an approved Reportable Outside Activity Form?			No					•		•			
Do you have imm		Yes		No									
If yes, List name(s) and department(s):													
Payment Method													
I request a pap	er check Direct Deposit (US Banks O	NLY):		_	Checking			Savin	gs				
Bank Name		1	_]	Bank	Phone							
Routing #		_	Acco	unt #									
Previous Bank Inf	formation Required for Bank Changes	-		Prior	Bank Name								
Prior Routing #		_	Prior	Accou	nt #								
Payment Method and W-9 Information Certification													
•	on provided is correct and that I am an authorized signer or designate				•								
University Vendor Data Te	t entries, and debit entries in the event of overpayment, to the accour am.	it and imancial	mstitutio	on iistea	above. This aut	inorizatio	n wiii r	emam	i enect until re	evoked by	y the vendor in white	ing to the Purdue	
	iately if you have instructed your bank to transfer Purdue's electronic bligations. Purdue cannot be responsible for any resulting delays.	payments to ar	n accoun	t outside	the United Sta	tes. We	will the	en need t	to collect addi	tional info	ormation from you s	o that our bank	
	, I certify that: (1) The number shown on this form is my correct Taxpa from backup withholding, or (b) I have not been notified by the Interna	•		•	-						•	•	
	am no longer subject to backup withholding; and (3) I am a U.S. citizen								-				
on this form (if any) indicating that I am exempt from FACTA 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.													
Signature:						Date	:			•			
Printed Name	: :											_	
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