Request for Taxpayer Identification Number and Certification

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

Internal	Revenue Service					_ _				
	1 Name (as shown	on your income tax return). Name is required on this line; do not leave this line blank.								
Print or type Specific Instructions on page 2.	Regents of the University of Minnesota									
	2 Business name/disregarded entity name, if different from above									
	University of Minnesota									
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or				certain entities, not individuals; see					
	Individual/sole single-membe		_ Trust/es	tate	l	ctions o			_	
		company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)	>		Exem	pt payee	code	(if any)	3	
	—	ngle-member LLC that is disregarded, do not check LLC; check the appropriate box in the		e for	Exem	ption fro	om FA7	TCA repo	orting	
	the tax classifi	cation of the single-member owner.			code	(if any)	С			
	✓ Other (see inst	ructions)▶ State Government			(Applies	to accoun	ints meintained outside the U.S.)			
					ster's name and address (optional)					
ě	c/o The University Tax Management Office, 2221 University Ave SE, Ste 100									
	6 City, state, and 2	6 City, state, and ZIP code								
See	Minneapolis, M									
	7 List account number(s) here (optional)									
Part I Taxpayer Identification Number (TIN)										
			Soc	ial se	curity r	umber				
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For Individuals, this is generally your social security number (SSN). However, for a					7		7			
resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.					-		-			
				Or						
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for			or Em	Employer identification number						
guidelines on whose number to enter.								- 2		
				1	6	0 0	7	5 1	3	
Par	Certifi	cation								
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. See the										
instructions on page 3.										
Sign	Oldinara Co.	Date	1	13	20	2/7				
-	U.S. person	1 conferme Date	./	9/		1				
Vendors:										
Please note that the University's above address is used for tax purposes only. It is not a remit-to address. For all										
COII	correspondence, including payments, please contact directly the U of M Department that you are working with.									
l.,	M.D	A Department								
U of M Department:										
Plea	ase complete t	he following by filling in your department information before s	sending	this	torn	i to th	ie ve	ndor		
U of M Department										
Contact Name and Phone										
Mai	ling/Email Add	ress								
	_									