

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific instructions on page 2.	<b>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</b> <b>Regents of the University of Minnesota</b>	
	<b>2 Business name/disregarded entity name, if different from above</b> <b>University of Minnesota</b>	
	<b>3 Check appropriate box for federal tax classification; check only one of the following seven boxes:</b> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ <b>State Government</b>	<b>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</b> Exempt payee code (if any) <b>3</b> Exemption from FATCA reporting code (if any) <b>C</b> <small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5 Address (number, street, and apt. or suite no.)</b> <b>c/o The University Tax Management Office, 2221 University Ave SE, Ste 100</b>	<b>Requester's name and address (optional)</b>  
	<b>6 City, state, and ZIP code</b> <b>Minneapolis, MN 55414</b>	
	<b>7 List account number(s) here (optional)</b>  	

**Part I Taxpayer Identification Number (TIN)**

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 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 *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>											
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	-		-								
<b>or</b>											
<b>Employer identification number</b>											
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4	1	-	6	0	0	7	5	1	3		

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ 1/07/2015
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**Vendors:**  
 Please note that the University's above address is used for tax purposes only. It is not a remit-to address. For all correspondence, including payments, please contact directly the U of M Department that you are working with.

**U of M Department:** Please complete the following before sending this form to the vendor:

Department \_\_\_\_\_

Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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