## Longwood University Foundation, Inc. Request For Taxpayer Identification Number(s) and Certification Substitute W-9 Form

Each person or organization doing business with the Longwood University Foundation, Inc. must provide the following information. Return this form to the requestor within 10 days.

Organization Entity: Check Only One: Individual Sole Proprietor	Social Security No:	_ AND/or	Employer I. D. No:
Partnership Government Entity Corporation LLC – Limited Liabs Report as: Sole Prop Trust or Estate	ility Company orietor, Partnership or Corpor	ation (circle one)	ı
Enter the Following: Legal Name			
Trade Name	(Must match the SSN or l	EIN, if applicable)	
Business Mailing Address: City, State, Zip+4 Contact Person	(Must match the EIN, if a	applicable)	
	-	P	hone ()
	Email		
Please answer the following of Is your organization (association Code 501(a)? Are you exempt from Backup Are you a small business? Are you minority owned? Are you a women-owned business to you accept payment by compared to the compared to	n, club, religious, charitable, edu  Withholding Taxes?  iness?	cational, or other ş	group) tax-exempt under IRS         YESNO         YESNO         YESNO         YESNO         YESNO         YESNO
Certification: Under penalties The number(s) shown on this for to be issued to me), and (2) I are am subject to backup withholding Revenue Service has notified me	orm is my correct taxpayer iden n not subject to backup withhol ng as a result of a failure to repo	ding either because ort all interest or di	e I have not been notified that lividends, or the Internal
IRS code section 6109 requires the IRS to report income paid t withhold 31% of the payments	o you. The Longwood Univers	ity Foundation, Inc	
Signature	Title	<del></del>	Date