

Notre Dame de Namur University

1500 Ralston Avenue, Belmont, CA 94002-1997
650 508-3504 Fax: 650 508-3668

Dear Sir/Madam,

Our records indicate that we have not received a "Payer Request for Taxpayer Identification (W-9 form)." In order to comply with the IRS, this request is made to all individuals and business entities required to file an information return with the IRS and which are being paid through our Accounts Payable system.

Pursuant to section 3406(a)1A of the Internal Revenue Code, we are required to withhold 31% from all payments if a payee has not furnished his Taxpayer ID number or gives an incorrect Tax ID number. You have thirty (30) days from the date of this notice to submit your W-9; otherwise payments will be subject to backup withholding. If funds are withheld, they can only be refunded by the IRS. Be aware, if you are using your SOCIAL SECURITY NUMBER to file taxes, payments must be MADE and REPORTED under your name.

Thank you for your prompt attention in this matter. If you should have any further questions, please call me at (650) 508-3504.

Sincerely,

Charla Meyer
Accounts Payable

NOTE: FAILURE TO COMPLETE AND RETURN THIS INFORMATION MAY RESULT IN BACKUP WITHHOLDING OF 31% OF YOUR PAYMENTS.

SUBSTITUTE FORM W-9 Department of the Treasury Internal Revenue Service	PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER	SEE REVERSE FOR INSTRUCTIONS
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Part 1- Taxpayer Identification Number (TIN)

If TIN is missing or is incorrect, please enter in the appropriate space below, sign, date, and return this card. If TIN is correct, please sign, date, and return this card.

Part 2- Backup withholding on accounts opened after 12-31-83.

Check the box if you are NOT subject to backup withholding under the provisions of section 3406(a)(1)(C) of Internal Revenue Code.

Social Security number:

or Employer Identification number:

Part 3- Awaiting TIN

I.D. or S.S.#:

NDNU Acct.#:

Please check appropriate box:

Individual/Sole Proprietor Corporation

Partnership Other _____

Name:

Address:

Certification- Under the penalties of perjury, I certify that the information provided on this form is true, correct and complete.

Signature: _____

Date: _____