## U.S. Citizen

-or-

## Permanent Resident

- o Form W-9
- o DV Payee Certification



**IRS Substitute Form** W-9

## Request For Taxpayer Identification Number and Certification

Return form to the requesting IU department

(For Use By U.S. Citizens, U.S. Entities, Or Resident Aliens Only)

Under the United States Internal Revenue Code, Indiana University is required to obtain Taxpayer Identification Numbers

	nen making reportable paymer venty-eight percent when this			-		
failure to comply is due to reasonable cause and not willful neglect.						
	Legal name (as shown on your income tax return and matches TIN number listed in Part I)					
ions	Business name (only use when "doing business as" (dba) is a different name than the legal name listed above)					
Print or Type See specific instructions on Form W-9 Instructions						
	Check appropriate box for federal tax classification    X   Individual (SSN)					
	Sole Proprietor (SSN/EIN)	LLC (EIN) Enter Tax Classification Code			Non-Profit Organization (EIN)	
	C Corporation (EIN)	(C = C Corporation, S = S Corporation, P = Partnership)			Governmental (EIN)	
	S Corporation (EIN)	Partnership (EIN)		Other		
		eck the box below if you perform health care or legal services				
Prin	Health Care Services Legal Services					
struc	Exempt Payee Code					
ii.	Exemptions (see Form W-9 Instructions)  Exemption from FATCA Reporting code (if any)					
eciff	Address (number, street, and apt. or suite no.)					
e SD						
S			G	0.1		
	City	1	State Zi	p Code		
Part	Taxnaver Identific	ation Number (as report	ed for tax nurnoses and	matches	legal name above)	
Part I Taxpayer Identification Number (as reported for tax purposes and matches legal name above)						
Social Security Number/ITIN						
(Legal name above must be individual name)						
*** OR (only one) ***						
Employer Tax ID Number						
Manin Par	yer rax in ivaliaber					
Part !	Control of the Contro					
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.						
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.						
Sign	Signature of U.S. pers				Date	
Here	15					
THE REAL PROPERTY.						



## **Disbursement Voucher Payce Certification**

, (print payee name), hereby certify that the
nformation relating to KFS <sup>1</sup> Disbursement Voucher Number,
requesting payment for expenses, is just and correct. I certify that all charges and/or
reimbursements pertain to Indiana University business, that the amount is legally due after
allowing all just credits, and that no part of the same has previously been paid or will be paid by
another source.
\$
Payment Amount <sup>2</sup>
Payee Signature
Date
Kuali Financial System: Software program used to process electronic financial documents such as the disbursement voucher.
Payment amounts for Accounts Payable (AP) payments must be exact. Payment amount for Travel payment may be estimated and is subject to change, pending final submission of receipts for reimbursements.
This form should be used as supporting documentation for any DV that is created for the purpose of paying an individual/business for compensation for services (less than \$1000), non-employee travel, or a stipend in lieu an investor or contract.

Approval of the DV during fiscal officer routing will substitute for the fiscal officer and/or Account Manager

This document plus the cover sheet should be submitted with any other supporting documents, including receipts

for travel reimbursements pertaining to the disbursement voucher number noted on this form.

signature formerly required.