

Substitute W-9

Request for Taxpayer  
Identification Number and Certification

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

**Tax Address:**

Indiana University  
Financial Management Services  
400 East 7<sup>th</sup> Street  
Poplars Building, Room 501  
Bloomington, Indiana 47405-3085

**Remittance Information:**

Indiana University

INDIANA UNIVERSITY

CLINICAL TRIALS

P.O. Box 660326

INDIANAPOLIS, IN 46266-0326

Indiana University Employer Tax Identification Number: 35-6001673

**Exemption**

Indiana University is exempt from backup withholding.

**Ownership Status**

Indiana University is a Governmental Instrumentality of the State of Indiana, and a 501(c)(3) Tax-Exempt Organization.

**Certification**

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. person (including a U.S. resident alien).

Nicholas J. Eyer  
Signature

DIRECTOR OF FINANCE AND ADMINISTRATION

Title

Date

9/01/09