Substitute Form W-9	**Request for Taxpayer Identification Number and Certification**	**Give form to the requester. Do NOT send to the IRS.**

Part I Taxpayer Information

Name (Must match IRS records—this name must match the Taxpayer Identification Number below)

Ryan William Hensley

Business Name, if different from above. (Doing Business As)

Check one

- [x] U.S. Citizen
- [ ] Resident Alien or Permanent Resident
- [ ] Non-Resident Alien/Foreign Entity

Check appropriate box(s)

- [ ] C Corporation
- [x] Individual/Sole Proprietor
- [ ] Not For Profit
- [ ] Trust
- [ ] Partnership
- [ ] S Corporation
- [ ] Government
- [ ] Estate
- [ ] LLC If yes, choose tax classification below:
  - [ ] C Corporation
  - [ ] Partnership
  - [ ] S Corporation

Check as many as apply

- [ ] Medical Service Provider
- [ ] Lawyer/ Attorney

Address (Number, street, and apt or suite number)	Fax Number
28480 Kathryn St	
City, State, and Zip Code	**Email Address**
Garden City, MI 48135	
Area code and phone number	**Web Address**
734-788-2779	

Part II Taxpayer Identification Number (TIN)

Enter your TIN in the box provided. For individuals, this is your Social Security number (SSN). **However, for a resident alien see page 2 of the IRS form W-9.** 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 2 of the IRS form W-9.
IRS form W-9: http://www.irs.gov/pub/irs-pdf/fw9.pdf

Taxpayer Identification Number: 363-02-7316

Part III Taxpayer Information

The undersigned certifies that the above named company maintains a business classification as indicated below. Further, it is understood and agreed that misrepresentation of the supplier's business classification is subject to penalties as prescribed in FAR Clause 52.219.1, "Small Business Program Representations."

Type of Business

- [ ] Small
- [ ] Large
- [ ] Historically Black Colleges & Universities
- [ ] Alaska Native Corporation/Indian Tribe (Large/Non Certified as SDB)

Subcategories of Small Business (the company is at least 51% owned, controlled, actively managed by). Check all that apply:

Type of Business

- [ ] Small Disadvantaged Business
- [ ] Woman Owned
- [ ] Veteran Owned
- [ ] HUBZone
- [ ] Service-Disabled Veteran Owned
- [ ] Minority Owned

Is your company listed on the US Government Excluded Parties List System?

- [ ] Yes
- [ ] No

Indicate if a University of Michigan employee is any of the following in your company:

- [ ] Stockholder
- [ ] Director
- [ ] LLC Member
- [ ] Partner
- [ ] Employee
- [ ] Joint Venture

Delivery of Purchase order will be fax unless otherwise noted:

- [ ] Fax:
- [ ] Email address:
- [ ] Mail

Primary NAICS Code:	Dun & Bradstreet No:
Remit To Address that appears on your invoice:	**Requester's name and address** The University of Michigan, Accounts Payable 7071 Wolverine Tower 1282, 3003 S. State Street Ann Arbor, MI 48109-1282

Part IV 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).
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.

Certification Instructions. – You must cross out item 2 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 transaction, 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.

Sign Here

Signature: [signature] Date: 4-26-12

Print Name: Ryan Hensley

Any Questions Regarding This Form Please Email: VENDOR.MAINTENANCE@UMICH.EDU

REVISED 09-15-11