

DO NOT SUBMIT FORM TO
IRS - SUBMIT FORM TO
REQUESTING AGENCY.

9/04 Revision

CITY OF NEW YORK
SUBSTITUTE FORM W-9: REQUEST FOR
TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Vendor Information

1. Legal Business Name:
Trustees of Columbia University in the City of New York

2. If you use DBA, please list below:

3. Entity Type (Check one only):

Non-Profit Corporation Corporation Government City of New York Employee Individual / Sole Proprietor Trust
 Joint Venture Partnership Limited Liability Co. Resident/Non-Resident Alien Non-United States Business Entity Estate

Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: (DO NOT USE DASHES)

1 3 5 5 9 8 0 9 3

2. Taxpayer Identification Type (check appropriate box):

Employer ID No. (EIN) Social Security No. (SSN) Individual Taxpayer ID No. (ITIN) N/A (Non-United States Business Entity)

Part III: Primary 1099 Vendor & Remittance Address

1. Primary 1099 Vendor Address:
Number, Street, and Apartment or Suite Number
630 West 168th Street, Room 2-421
City, State, and Nine Digit Zip Code or Country
New York, New York 10032-3784

2. Remittance Address:
Number, Street, and Apartment or Suite Number
City, State, and Nine Digit Zip Code or Country

Part IV: Exemption from Backup Withholding

For payees exempt from Backup Withholding, check the box below. Valid explanation required for exemption. See instructions.

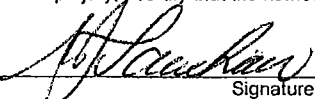
Exempt from Backup Withholding

Part V: Certification

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (TIN).

Sign Here:


Signature

STEPHEN J LAUCAIRE
Print Preparer's Name

Phone Number

212-854-4684
Phone Number

9/20/05
Date

FOR SUBMITTING AGENCY USE ONLY

Submitting Agency Code: _____

Submitting Agency Name: _____

Contact Person: _____

Telephone Number: () _____

Payee/Vendor Code: _____

DO NOT FORWARD W-9 TO COMPTROLLER'S OFFICE. AGENCIES MUST FAX COMPLETED W-9 FORMS TO: (212) 815-8555