

**NONRESIDENT  
WITHHOLDING  
EXEMPTION CERTIFICATE**

**2024**

THE PAYEE COMPLETES THIS FORM AND SUBMITS IT TO THE PAYOR. THE PAYOR KEEPS THIS FORM WITH THEIR RECORDS.

**SECTION I PAYOR INFORMATION**

Payor Name		FEIN
Address		
City	State	ZIP Code

**SECTION II PAYEE INFORMATION**

Payee Name The Academy of Natural Sciences of Philadelphia		Social Security Number or FEIN 23-1352000
Address 1900 Benjamin Franklin Parkway		
City Philadelphia	State PA	ZIP Code 19103

**SECTION III EXEMPTION REASON (mark only one oval)**

Mark the appropriate oval below indicating the reason why Pennsylvania personal income tax is not required to be withheld on the payment of nonresident compensation, business income, or lease payments:

**PA Resident**

I am a Pennsylvania resident individual, estate or fiduciary. If I become a nonresident at any time, I will promptly notify the payor. See the instructions.

**Not Subject to PA Income Tax**

The payee is not subject to PA personal income tax for the following reason:

- Payee is a corporation
- Payee is a partnership or multi-member limited liability company
- Payee is a nonresident with no PA-source income
- Payee is a disregarded entity owned by a corporation or partnership, or PA resident
- Other: please provide reason \_\_\_\_\_

**SECTION IV CERTIFICATION OF PAYEE**

Payee must complete and sign below.

Under penalties of perjury, I declare that I have examined the information on this form, including accompanying instructions and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If the facts upon which this form are based change, I will promptly notify the payor.

Payee's Name (print) The Academy of Natural Sciences of Philadelphia	Payee's Title Donna L Mann - AVP, Tax Comp	Telephone Number (215) 895-1463
Payee's Signature <i>Donna L. Mann</i>		Date 1/4/2024