

**1099-MISC**  
**WITHHOLDING**  
**EXEMPTION CERTIFICATE**

**2021**

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)**

By marking the appropriate oval below, the payee certifies the reason Pennsylvania personal income tax is not required to be withheld on the payment of non-employee compensation, business income, or lease payments:

- Individual - PA Resident**  
I certify that I am a resident of Pennsylvania and I reside at the residence shown above. If I become a nonresident at any time, I will promptly notify the payor. See the instructions.
- Trust - PA Resident**  
I am the fiduciary of the above-named trust. The trust was established by a Pennsylvania resident at the time of death or by operation of the trust agreement by a Pennsylvania resident. The trust will file a PA-41, Fiduciary Income Tax Return. See the instructions.
- Estate - PA Resident**  
I am the executor of the above-named person's estate. The decedent was a Pennsylvania resident at the time of death. The estate will file a PA-41, Fiduciary Income Tax Return. 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. I further declare under penalties of perjury that 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, DIRECTOR, TAX	Telephone Number (215) 895-1463
Payee's Signature <i>Donna L. Mann</i>		Date 01/05/2021