

REV-1832

BUREAU OF INDIVIDUAL TAXES
PO BOX 280601
HARRISBURG PA 17128-0601

**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 DREXEL UNIVERSITY	Social Security Number or FEIN 23-1352630	
Address 3201 ARCH STREET, SUITE 420		
City PHILADELPHIA	State PA	ZIP Code 19104

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) DREXEL UNIVERSITY	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