Attachment 3D: CIRB New Board Member Orientation-Information

Attachment 3D: W-9

OMB#: 0925 – 0625 Expiry Date: 01/31/2014

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of your participation in the National Cancer Institute (NCI) Central Institutional Review Board (CIRB) Initiative is protected by The Privacy Act of 1974, as amended. The purpose of the information collection is to conduct reviews of clinical trial studies. Although your participation in NCI-sponsored research and completion of the forms is voluntary, if you wish to participate in the CIRB, you must complete all questions on the form. The information you provide will be combined for all participants and reported as summaries. It will be kept private to the extent provided by law.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0625). Do not return the completed form to this address.

Departm	W-9 kovember 2005) sent of the Treasury Revenue Service	Request for Taxpayer Identification Number and Certific	ation	Give form to the requester. Do not send to the IRS.	
page 2.	Name (as shown on your Income tax return)				
	Business name, if different from above				
ctions	Check appropriate box bole propriator Corperation Partnership Other >			Exampt from backup withholding	
Instru Instru	Address (number, s	freet, and apt. or suite no.)	Requester's name and address (splicnal)		
Print or type See Specific Instructions on	City, state, and ZIP	City, state, and ZIP code			
	List account number(s) here (optional)				
Part	Taxpaye	r Identification Number (TIN)			
Enter your TIN In the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIM on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.			dent	8ocial security number	
			1 +		
Part	Certifica	tion			
Under	penalties of perjury	y, I certify that:			
	 The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 				
Re	wenue Service (IRS	ackup withholding because: (a) I am exempt from backup withholding, or) that I am subject to backup withholding as a result of a failure to report no longer subject to backup withholding, and			
3. I.a	m a U.S. person (i	icluding a U.S. resident allerij.			
withho For ma arrang	iding because you ortgage interest pai ement (IRA), and g	s. You must cross out fiem 2 above if you have been notified by the IRS have failed to report all interest and dividends on your tax return. For reid, acquisition or abandorment of secured property, cancellation of debt, enerally, payments other than interest and dividends, you are not require (See the instructions on page 4.)	al estate transactions contributions to an	, item 2 does not apply. Individual retirement	
Sign	Bionature of				

Sign alignature et Here U.s. person ► Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alian), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

 Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).

2. Certify that you are not subject to backup withholding, or

 Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any pertnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are: An individual who is a citizen or resident of the United States,

Date >

 A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

 Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign pareon, and pay the withholding tax. Therefore, if you are a U.S. percent that is a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

· The U.S. owner of a diaregarded entity and not the entity,

Cat. No. 10231X

Form W-9 (Rev. 11-2005)