

## REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

The Walt Disney Company and Consolidated Subsidiaries Substitute W-9 Form, DO NOT send to IRS

<b>Business Address: (REQUIRED)</b> Address: 3110 Winona Ave.	<b>Remit to Address: (REQUIRED)</b> Address: 3110 Winona Ave.
City/State/ZIP: Burbank, CA 91504	City/State/ZIP: Burbank, CA 91504
<b>INTERNAL USE ONLY:</b> Request Number	<b>UPDATE INFORMATION:</b> Vendor Number(s) (if known) Previous Individual/Business Name and/or TIN:

### PART I - TAX STATUS (REQUIRED)

Complete the row of boxes that correspond to your tax status. (COMPLETE ONE ROW ONLY)

<b>Individual</b>	Individual Name (First Name, Middle Initial, Last Name)	Individual's Social Security Number (9 digits)
<b>Sole Proprietor or LLC Single-Owner</b> (Unincorporated)	Business Owner's Name (Required)	Social Security Number (9 digits) and/or Employer ID Number
<b>Partnership, LLP or LLC with Multiple Owners</b> (Unincorporated)	Partnership's Name on IRS records (see IRS mailing labels)	Employer ID Number (9 digits) Name or Partnership
<b>Corporation, including LLC with Corporation Status</b> (Incorporated)	Name (as shown on your income tax return) Lennie Marvin Enterprises	Employer ID Number (9 digits) 95-3388379 Business, Trade Name or DBA Prop Heaven
<b>Other (Non Profit, Schools, Government, etc.)</b>	Name (as shown on your income tax return)	Employer ID Number (9 digits) Specify Type

### PART II - OTHER INFORMATION (REQUIRED)

**Please check:**

- 1) Have you or will you provide services rendered in California?
- 2) Have you or will you receive rent for property located in California?
- 3) Have you or will you receive royalties for services originally rendered in California?
- 4) Have you or will you provide rentals of tangible personal property to be used in California?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Occasionally
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Occasionally
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	Occasionally
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Occasionally

If you answer **YES** or **OCCASIONALLY** to 1), 2), 3) or 4), submit a completed *California Form 590* or you will be subject to California Nonresident Withholding.

### PART III - CERTIFICATION AND SIGNATURE (REQUIRED)

Under penalties of perjury, I certify that:

- 1) The number shown on this form in Part I is my correct taxpayer identification number (or I am waiting for a number to be assigned to me), **and**
- 2) I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
- 3) I am a U.S. person (including a U.S. resident alien).

**Certification Instructions:** You **MUST** cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. (Also see Signing the Certification under Specific Instructions.)

SIGNATURE:	DATE: 1/1/22
PRINT NAME: Daniel Schultz	COMPANY/TITLE/DEPT: Vice President
PHONE NUMBER: (818)841-5882	FAX NUMBER: (818)841-3121

**NOTE:** SUBSTITUTE W-9 FORM WILL BE CONSIDERED **INVALID** IF REQUIRED AREAS ARE NOT COMPLETED.