

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

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

Business Address: (REQUIRED) Address: 3110 Winona Ave. City/State/ZIP: Burbank, CA 91504	Remit to Address: (REQUIRED) Address: 3110 Winona Ave. City/State/ZIP: Burbank, CA 91504
INTERNAL USE ONLY: Request Number	UPDATE INFORMATION: 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)

Individual	Individual Name (First Name, Middle Initial, Last Name)	Individual's Social Security Number (9 digits)	
Sole Proprietor or LLC Single-Owner (Unincorporated)	Business Owner's Name (Required)	Social Security Number (9 digits) and/or Employer ID Number	Business, Trade Name or DBA
Partnership, LLP or LLC with Multiple Owners (Unincorporated)	Partnership's Name on IRS records (see IRS mailing labels)	Employer ID Number (9 digits)	Name or Partnership
Corporation, including LLC with Corporation Status (Incorporated)	Name (as shown on your income tax return) Lennie Marvin Enterprises, Inc	Employer ID Number (9 digits) 95-3388379	Business, Trade Name or DBA Propheaven
Other (Non Profit, Schools, Government, etc.)	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? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Occasionally |
| 2) Have you or will you receive rent for property located in California? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Occasionally |
| 3) Have you or will you receive royalties for services originally rendered in California? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Occasionally |
| 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 |


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: 1/8/19
PRINT NAME: Daniel Schultz	COMPANY/TITLE/DEPT:
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.