2016 W	ithholding Exemption Certificate		590
The payee completes	s this form and submits it to the withholding agent. The withholding ag	ent keeps this	form with their records.
Withholding Agent			
Name		14 I	
	a a a a a a a a more more e a a a <u>a sumplement a su</u>		
Payee			
Name		SSN or ITIN	FEIN CA Corp no. CA SOS file no
Board of	Trustees of the Labord Stanford Jr. Universit	494-1	156365
Address (apt./ste., room, P	20 box, or PMB no.)		· · · · · · · · · · · · · · · · · · ·
3145 Pa	ter Drive		
City (If you have a foreign a		Sta	te ZIP code <b>94304</b>
Palo Alte		C	A 94 304
Exemption Reason			
Check only one reaso	on box below that applies to the payee.		
	ropriate box below, the payee certifies the reason for the exemption from ment(s) made to the entity or individual.	the California	a income tax withholding
l am a resid	<b>Certification of Residency:</b> dent of California and I reside at the address shown above. If I become a rithholding agent. See instructions for General Information D, Definitions.		at any time, I will promptly
Corporations:			
California S corporation	ation has a permanent place of business in California at the address sho Secretary of State (SOS) to do business in California. The corporation wi ceases to have a permanent place of business in California or ceases t ding agent. See instructions for General Information D. Definitions.	ll file a Califori	nia tax return. If this

# Partnerships or Limited Liability Companies (LLCs):

The partnership or LLC has a permanent place of business in California at the address shown above or is registered with the California SOS, and is subject to the laws of California. The partnership or LLC will file a California tax return. If the partnership or LLC ceases to do any of the above, I will promptly inform the withholding agent. For withholding purposes, a limited liability partnership (LLP) is treated like any other partnership.

#### 🕱 Tax-Exempt Entities:

The entity is exempt from tax under California Revenue and Taxation Code (R&TC) Section 23701 \_\_\_\_\_ (insert letter) or Internal Revenue Code Section 501(c) \_\_\_\_\_ (insert number). If this entity ceases to be exempt from tax, I will promptly notify the withholding agent. Individuals cannot be tax-exempt entities.

# Insurance Companies, Individual Retirement Arrangements (IRAs), or Qualified Pension/Profit-Sharing Plans:

The entity is an insurance company, IRA, or a federally qualified pension or profit-sharing plan.

#### **California Trusts:**

At least one trustee and one noncontingent beneficiary of the above-named trust is a California resident. The trust will file a California fiduciary tax return. If the trustee or noncontingent beneficiary becomes a nonresident at any time, I will promptly notify the withholding agent.

### Estates — Certification of Residency of Deceased Person:

I am the executor of the above-named person's estate or trust. The decedent was a California resident at the time of death. The estate will file a California fiduciary tax return.

### Nonmilitary Spouse of a Military Servicemember:

I am a nonmilitary spouse of a military servicemember and I meet the Military Spouse Residency Relief Act (MSRRA) requirements. See instructions for General Information E, MSRRA.

CERTIFICATE OF PAYEE: Payee must complete and sign below.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov** and search for **privacy notice**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I hereby certify that the information provided in this document is, to the best of my knowledge, true and correct. If conditions change, I will promptly notify the withholding agent.

Type or print payee's r	name and title Christopher	Canellos	Tax Divector Telephone (650) 725-1732
		\$	Date 3-4-16