Form W-9 (Rev. March 2024) Department of the Treasury

Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Betol	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's particular to the owner's particul		un linn	4 0 0 0	antau the	. b. rois	/di	rasarda	_		
Print or type. See Specific Instructions on page 3.	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's native entity's name on line 2.)	ame c	on line	1, and	enter the	e Dusii	ness/als	regarde	a		
	Washington Hospital Center Corporation										
	2 Business name/disregarded entity name, if different from above.	_							_		
	MedStar Washington Hospital Center										
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor					4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
	LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)				int navee	code	(if any)				
	Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate				Exempt payee code (if any) Exemption from Foreign Account Tax						
	box for the tax classification of its owner. Tax-exempt charitable organization Tax-exempt charitable organization				Compliance Act (FATCA) reporting code (if any)						
			_						_		
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions					(Applies to accounts maintained outside the United States.)					
	5 Address (number, street, and apt. or suite no.). See instructions. Reques	ter's r	name a	and address (optional)				_			
	110 Irving Street, N.W.										
	6 City, state, and ZIP code										
	Washington, DC 20010										
	7 List account number(s) here (optional)										
									_		
Pa	Taxpayer Identification Number (TIN)								\neg		
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	Soc	iai se	curity	number	1		TT	닉		
	up withholding. For individuals, this is generally your social security number (SSN). However, for a ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other			-		-					
	es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	or									
TIN, I	ater.	-				er identification number					
Note	: If the account is in more than one name, see the instructions for line 1. See also What Name and										
Numl	ber To Give the Requester for guidelines on whose number to enter.	5	2 -	- 1	2 7	2	1 2	9			
Pai	t II Certification	-		-		_			_		
Unde	er penalties of perjury, I certify that:										
1. Th	e number shown on this form is my correct taxpayer identification number (or I am waiting for a numb	er to	be is:	sued t	to me); a	and					
Se	m not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have r rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or divide longer subject to backup withholding; and								n		
3. l a	m a U.S. citizen or other U.S. person (defined below); and										
4. Th	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is cor	rect.									
beca	fication instructions. You must cross out item 2 above if you have been notified by the IRS that you are ouse you have failed to report all interest and dividends on your tax return. For real estate transactions, item is ition or abandonment of secured property, cancellation of debt, contributions to an individual retirement than interest and dividends, you are not required to sign the certification, but you must provide your corrections.	n 2 do arran	oes no ngeme	ot app ent (IR	ly. For m A), and,	nortga gene	age inte ally, pa	erest pa			
Sigr Her	Signature of U.S. person Date	7/	11/	20.	24						
Ge	neral Instructions New line 3b has been address required to complete this line.										

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they