DePaul University School of Music

Guest Master Class Checklist for Faculty

Julie DeRoche, Chair of Performance Studies, jderoche@depaul.edu
Rachael Smith, Performance Assistant, rsmith37@depaul.edu
Ben Rusch, Facilities Manager, brusch@depaul.edu

http://music.depaul.edu > Resources > Performance Office > For Faculty

Updated August 2015

☐ Request guest master class via email to the Performance Department Chair

☐ Performance Department Chair will confirm with you via email, and notify the Performance Assistant.

☐ Notify Facilities Manager of special equipment or setup needs and reserve a space if not during your regular studio class time.

☐ The Performance Assistant will contact you for the following if needed:
  o Name and title of guest
  o Date, time, location

☐ Ask guest to fill out payment forms and W9 on the day of the class (Forms are attached to this file).

☐ Leave completed W9 and payment forms in Performance Department Chair’s mailbox after the master class
Instructions: 1) Requesting Faculty Member will seek approval from Julie DeRoche via email before date of service.

2) Guests are required to complete W9 (attached). Requesting Faculty Member will submit W9, along with this payment form, within 3 days following the date of service. For security reasons, please place in an envelope.

GUEST INFORMATION:

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>E-Mail Address (required)</td>
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</table>

DESCRIPTION OF SERVICE:

<table>
<thead>
<tr>
<th>Faculty Member submitting request</th>
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<tbody>
<tr>
<td>Brief description of service</td>
</tr>
<tr>
<td>Date of Service</td>
</tr>
</tbody>
</table>

TO BE COMPLETED BY PERFORMANCE CHAIR:

| Approved Amount                  |

Requesting Faculty Member Signature               Date

Performance Chair Signature                         Date
### SUBSTITUTE W-9 FORM

VENDORS (NON-DEPAUL EMPLOYEES) OF DEPAUL UNIVERSITY ARE REQUIRED TO FURNISH THEIR TAX INFORMATION, CERTIFYING TAX STATUS AND ENTITY CLASSIFICATION PRIOR TO DOING BUSINESS WITH DEPAUL UNIVERSITY.

<table>
<thead>
<tr>
<th><strong>LEGAL NAME</strong></th>
<th>(as shown on your income tax return)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BUSINESS NAME</strong></td>
<td>(if different from above)</td>
</tr>
<tr>
<td><strong>ADDRESS</strong></td>
<td>(number, street, apt. # or suite #)</td>
</tr>
<tr>
<td><strong>CITY, STATE, ZIP CODE</strong></td>
<td></td>
</tr>
</tbody>
</table>

Please provide a brief description of the goods and/or services your business provides:

<table>
<thead>
<tr>
<th>☐ Y ☐ N</th>
<th>Do you accept credit card payments?</th>
</tr>
</thead>
</table>

### PART I  TAXPAYER IDENTIFICATION NUMBER (TIN)

<table>
<thead>
<tr>
<th>SSN</th>
<th>-</th>
<th>-</th>
<th>EIN</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
</table>

☐ U.S. Individual / Sole Proprietor  (SSN or EIN)  ☐ U.S. Partnership  (EIN)  ☐ U.S. Corporation  (EIN)

☐ U.S. Limited Liability Company  (EIN)  Enter the tax classification  (D=disregarded entity, C=corporation, P=partnership) →

☐ Exempt Organization, Federal, State, or Local Government Agency  (EIN)

### PART II  MINORITY BUSINESS INDICATOR (OPTIONAL)

- ☐ Women-Owned Business
- ☐ Black
- ☐ Hispanic
- ☐ Disabled
- ☐ Asian or Pacific Islander
- ☐ Native American or Alaskan Native
- ☐ Other ________________

### PART III  CERTIFICATION

Under penalties of perjury I certify that:

1. The number shown on this form is my correct taxpayer Identification number, 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), and

Note: You must cross out item 2, above, if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.

The IRS does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

<table>
<thead>
<tr>
<th>SIGN HERE →</th>
<th>SIGNATURE OF U.S. PERSON REQUIRED</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINT NAME</td>
<td>TITLE</td>
<td></td>
</tr>
</tbody>
</table>

RETURN COMPLETED FORMS TO:

DEPAUL UNIVERSITY • 1 EAST JACKSON BLVD., 19th, FLOOR • ACCOUNTS PAYABLE • CHICAGO, IL. 60604
PH 312-362-5382 • FX 312-362-8440 • EMAIL accountspayable@depaul.edu

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