

**Form W-9 Taxpayer Identification Number Request
From Medtronic, Inc**

Please provide the following information. We are required to obtain this information from you when making a reportable payment to you. If you do not provide us with this information and your payments are reportable, you may be subject to 28% federal Income tax backup withholding or a hold will be put on your account.

Instructions: Complete the following sections:

- 1) Part 1 (required) fill in your vendor name.
- 2) Part 2 (required) indicate your Tax status.
- 3) Part 3 (required) provide your Taxpayer Identification Number (TIN).
- 4) Part 4 (optional) indicate if you are exempt from Form 1099 reporting.
- 5) Part 5 (required) sign and date the form and return it via mail using the enclosed envelope or via fax (see fax number below).

Part 1 Name (required):

Name (as shown on tax return) _____

Business Name (if different than above) _____

Part 2 Tax Status (required):

(Check only one box)

- | | |
|--|--|
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> LLC filing as Corporation |
| <input type="checkbox"/> LLC filing as Sole Proprietor | <input type="checkbox"/> LLC filing as Partnership |
| <input type="checkbox"/> Other, specify _____ | |

Part 3 Taxpayer Identification Number (TIN) (required)

Enter your TIN below. For individuals this is your Social Security Number.

Individuals Social Security Number _ _ _ - _ - _ _ _

Employer Identification Number _ - _ - _ _ _ _ _

Part 4 Exemption: If exempt from Form 1099 reporting, check here: (Healthcare providers are not exempt from 1099 reporting)

Part 5 Certification (required):

I certify under penalty of perjury that the Tax Identification Number I have provided is correct. All fields below (including phone number) are required:

Person completing this form: _____

Signature: _____

Street address: _____

City/State/Zip _____

Date: _____ Phone _____

**Return this form to your Medtronic contact.
Rev 6/21/11**