

(EX) 03-23 (FI)

REV-1832
BUREAU OF INDIVIDUAL TAXES PO BOX 280601 HARRISBURG PA 17128-0601

NONRESIDENT WITHHOLDING **EXEMPTION CERTIFICATE**

2025

THE PAYEE COMPLETES THIS FORM AND SUBMITS IT TO THE PAYOR. THE PAYOR KEEPS THIS FORM WITH THEIR RECORDS.

SECTION I PAYOR INFORMATION			
Payor Name FE		EIN	
Address			
City	State	e ZI	P Code
SECTION II PAYEE INFORMATION			
THE ACADEMY OF NATURAL SCIENCES OF PHILADELPHIA 2		ocial Security Number or FEIN 31352000	
Address 1900 BENJAMIN FRANKLIN PARKWAY			
City PHILADELPHIA	State		P Code 19103
SECTION III EXEMPTION REASON (mark only	one oval)		
Mark the appropriate oval below indicating the reason why Pennsylva compensation, business income, or lease payments: PA Resident I am a Pennsylvania resident individual, estate or fiduciary. It See the instructions. Not Subject to PA Income Tax The payee is not subject to PA personal income tax for the fo Payee is a corporation Payee is a partnership or multi-member limited liability appear is a nonresident with no PA-source income Payee is a disregarded entity owned by a corporation of Other: please provide reason	f I become a nonresident at any to following reason:		
SECTION IV CERTIFICATION OF PAYEE			
Payee must complete and sign below. Under penalties of perjury, I declare that I have examined the inform best of my knowledge and belief, it is true, correct, and complete. If	nation on this form, including according the facts upon which this form are	ompanying in: e based chan	structions and statements, and to the ige, I will promptly notify the payor.
Payee's Name (print)	Payee's Title		Telephone Number
The Academy of Natural Sciences of Philadelphia	Donna L. Mann - AVP,	Tax Comp	(215) 895-1463
Payee's Signature Donia L. Mane		Date 1/2/2025	