



2010 Deadline: September 3, 2010

Charitable Contribution Match Program

MTV Networks is proud to offer a Charitable Contribution Match Program to all of our **full-time, staff employees**. Through this program, MTVN employees will be able to give even more back to the organizations and causes that are special to you.

Rules and Restrictions

In order to be eligible for the match, the organization must have 501(c)(3) tax exempt status. Contributions are not permitted to be made to religious or political organizations.

If all criteria are met, then MTV Networks will match a contribution up to \$1,000 to one organization of your choice per year. Please note that contributions can not be matched if the donor received any goods or services. Also, any requests for walks, runs, rides or bowl-a-thons are subject to approval based on overall Company sponsorship.

Approval Process

Approvals for the match must be obtained through the Corporate Responsibility and Public Affairs Department. In order to receive approval, please take the following steps (all forms can be found in our documents library located on the Corporate Responsibility Page on Rufus):

1. Complete the Charitable Match application form
2. Obtain formal recognition or receipt of your contribution from the organization
3. Have the organization complete the attached W9 form and Vendor Information form
4. Submit all of the above to Melissa Drake for approval

*MTV Networks reserves the right to request any additional information about the organization before final approval.

Charitable Contribution Match Application Form
2010 DEADLINE: September 3, 2010

CONTRIBUTER INFORMATION

Employee Name: Adelyn Ruiz

Work Address: 1540 Broadway

City/State/Zip: New York, NY 10036

Work Phone: 212-846-5685

Work E-Mail Address: Adelyn.ruiz@mtvstaff.com

ORGANIZATION INFORMATION

Organization Name: Memorial Sloan Kettering Cancer Center

Contact at Organization:

Contact Address: 1275 York Avenue

City/ State/Zip: New York, NY 10065

Contact Phone: 646-227-3546

Briefly describe your connection to the organization: They have a team that is currently running for the 2010 NYC Marathon. A close friend is employed there and I want to support him. This organization does a lot of great work specially the pediatrics department with children who have cancer. I would like to help as much as I can to make sure that children that are sick are getting the best care possible.

Amount of donation you contributed: \$25

Please return this form with a proof of payment letter, as well as, a completed W9 form, a completed Vendor Information form, and proof of your donation from the organization.

Melissa Drake

Senior Director, Corporate Responsibility and Public Affairs
1515 Broadway, 28th Floor
New York, NY 10036

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

OR

Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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).

Certification instructions. 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 have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

VENDOR INFORMATION FORM

VENDOR/PAYEE NAME

Vendor Name: _____

Date: _____

SIC (Standard Industry Code): _____

Service being provided: _____

MAILING ADDRESS INFORMATION

Street or PO Box: _____

City: _____

Province/State: _____

Mail Code: _____

Country: _____

REMIT TO ADDRESS (if different from mailing address)

Street or PO Box: _____

City: _____

Province/State: _____

Mail Code: _____

Country: _____

CONTACT INFORMATION (BILLING)

Contact Name: _____

Phone: _____

Email: _____

Fax: _____

CONTACT INFORMATION (SALES)

Contact Name: _____

Phone: _____

Email: _____

Fax: _____

BUSINESS CLASSIFICATION

Please check all that apply:

Small Business

Woman Owned Business

Physician or Medical/Health Care Provider

Attorney or Legal Firm

CPA or Professional Accounting Firm

Non-Profit Organization

Minority Owned Business

If minority owned please check one.

Black American

Asian-Pacific American

Subcontinent American

Hispanic

Native American

SIGNATURE INFORMATION

The information provided in this vendor information form sections (I), (II), (III), (IV) is true and correct.

Authorized Vendor Signature: _____

THIS SECTION COMPLETED BY COMPANY

Approved by: _____

System Assigned Vendor Code: _____

Date Entered: _____