Taxpayer Information		
Name (Must match IRS records & the Taxpayer Identification Number)	Area code and phone number	
MUKUT DEBNATH	+91-9402529140	
Business Name (If different from above or Doing Business As (DBA))	Fax Number	
Address (number, street, and apt. or suite number)	Email Address (required for ACH notifications)	
RAMNAGAR ROAD NO. 3	visitmukut2002@gmail.com	
City, State, and ZIP Code	Country	
AGARTALA, TRIPURA, 799002 INDIA		
Taxpayer Identification Number (TIN)		
For individuals, this is your Social Security Number (SSN). Resident Aliens: See page 2 of the IRS Form W-9. Other Entities: Enter your Employer Identification Number (EIN). If you do not have a number, see "How to get a TIN" on Pg. 2 of the IRS Form W-9.		
Enter your US TIN (if available) in the box		
Business Type (Check One)		
Individual / Sole Proprietor or Single-Member LLC	S Corporation Other	
Partnership	C Corporation	
Limited Liability Company (LLC)	Trust/Estate	
If LLC, Enter Tax Classification: (C = C Corp, S = S Corp, P = Partnership)	Trusty Estate	
Note: For a Single-Member LCC that is disregarded, do not check LLC; check the appropriate box above for the tax classification of the Single-Member owner.		
Exemptions (apply only to certain entities, not individuals)	Citizenship (check one box)	
Exempt payee code (if any)	S Citizen	
P	ermanent Resident	
Exemption from FACTA reporting code (if any)	on-Resident Alien or Foreign Entity	
	yes, enter Visa Type: J1	
(/ APP 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100	ust complete and attach Glacier file (www.online-tax.net)	
Purdue University-Related Disclosures		
Are you a student? Yes No If yes, enter institution IIT KHARAGPUR		
Are you a current or former employee of Purdue? Yes No If yes, enter dates: Yes No No If yes, enter dates:		
If yes, bu you have all approved Reportable Oddisc Activity Form		
bo you have infinediate relatives who are employed at this data.		
If yes, List name(s) and department(s): Payment Metl		
	Checking Savings	
Direct Deposit for U.S. bank accounts ONLY	Bank Phone	
Bank Name	unt#	
Routing #	unt #	
Previous Bank Information Required for Bank Changes	rior Bank Name	
Prior Routing # Prior	Account #	
Payment Method and W-9 Info	mation Certification	
Locatify, that the information provided is correct and that Lam an authorized signer or designate of the account provided for direct deposit transactions, and am entitled to provide this authorization.		
hereby authorize Purdue University to initiate credit entries, and debit entries in the event of overpayment, to t until revoked by the vendor in writing to the Purdue University Vendor Data Team.	he account and financial institution listed above. This authorization will remain in effect	
You must notify us immediately if you have instructed your bank to transfer Purdue's electronic payments to an account outside the United States. We will then need to collect additional information		
from you so that our bank can satisfy its regulatory obligations. Purdue cannot be responsible for any resulting delays.		
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. citizen, other U.S. person or international person as I have declared		
in Citizenship above on this form: and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 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.		
Signature: Mukut Debnath	Date: 06/22/2023	
Printed Name: MUKUT DEBNATH		

PURDUE OFFI

Wire Transfer Request Form

Please refer to the attached Quick Reference Guide (QRG) for further assistance in completing the form

SECTION 1: BENEFICIARY INFORMATION

	The state of the s		
Beneficiary Name:	MUKUT DEBNATH		
Street Address Line 1:	RAMNAGAR ROAD NO. 3		
Street Address Line 2:	3RD CROSSING		
City: (State, Province, Postal Code)	AGARTALA, TRIPURA, 799002		
Country:	INDIA		
Beneficiary Email:	visitmukut 2002 @gmail-cor	η	
Beneficiary Phone Number:	+91-9402529140		
SECTION 2: BENEFICIARY BANK INFORMAT	TION		
Name on Account: (must match Beneficiary Name)	MUKUT DEBNATH		
Bank Name:	STATE BAND BANK OF INDIA		
BIC/SWIFT/ABA: (8-11 digits alphanumeric)	SBININBB476		
IBAN or Bank Account Number:	33972765607		
Bank Country:	INDIA		
Country Required Information: (if applicable)	IFSC code: SBIN 0005245		
CLABE (Mexico Wires - 18 digits) BSB Code (Australia Wires – 6 digits)	Electronic Funds Transfer Country Requirements should be reviewed for required input		
Transit Code & Institution Number (Canada) INTERMEDIARY BANK INFORMATION (if re	concerning CLABE/BSB / Transit Code/ Purpose of Payment quired)	t / etc.	
Bank Name:			
Bank Country:			
BIC/SWIFT/ABA: (8-11 digits)			
IBAN or Bank Account Number:			
SECTION 3: WIRE INFORMATION			
Wire amount:	\$ 1,950 (ONE THOUSAND NINE HUNDRED FIFTY US DOLLARS)		
Currency to be sent:	INDIAN RUPEE (INR)		
Invoice Number: (if applicable)	,		
Additional reference details to include with payment: (if applicable)			
SECTION 4: WIRE AUTHORIZATION			
a. Beneficiary Only			
I certify that the information above is correct, that I provide this information. I hereby request Purdue U	am an authorized signer or designee of the account listed at Iniversity to transfer funds to the account and financial instit	pove, and that I am authorized to ution above.	
MUKUT DEBNATH	Mukut Debnath	-06/10 06/19/2023	
Printed Name	Signature	Date	
b. Purdue Only: Wire will not be processed if this section is incomplete. Please refer to the QRG for instructions on completing and attaching the Bank Verification Form (if required).			
The information provided to make this payment has been appropriately verified with the beneficiary. I understand that the Office of Treasury Operations cannot control the date funds are available to the beneficiary.			
Printed Name	Department	Purdue Email	