## (Revised April 2022) Massachusetts

## Request for Taxpayer Identification Number and Certification

Give this Form to the requestor or the department you are doing business with.

| Subst   | itute Form  |  |  |   |  | Buoiness with.            |
|---|---|--|--|---|--|---------------------------|
| Print or type.<br>See <b>Specific Instructions</b> on page 3. | 1 Business name/Taxpayer (as shown on your income tax return). Name is required on this line; do not leave this line blank.   |  |  |   |  |                           |
|   | 2 Business name/disregarded entity name/dba, if different from above.   |  |  |   |  |                           |
|   | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate  |  |  |   | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on Page 4):  Exempt payee code (if any): |                           |
|   | or single-member LLC  |  |  |   |  |                           |
|   | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership  |  |  |   | Exemption from FATCA reporting code (if any):  |                           |
|   | Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. |  |  |   |  |                           |
|   | Other (see instructions) ▶  |  |  |   | (Applies to accounts maintained outside the U.S.)  |                           |
|   | 5 Leg   | gal Address (number, street, and apt. or suite no.) See instructions.  Requester's name and address (opti  |  | name and address (optior                      | nal)   |                           |
|   | 6 City  | 6 City, state, and ZIP code  |  |   |  |                           |
|   | 7 Ren   | nittance Address (if different from Legal Address)   |  |   |  |                           |
| Par   | 1   | Taxpayer Identification Number (TI   | IN)  |   |  |                           |
| avoid be<br>Howeven Page<br>numbe                             | er, for a<br>e 5. Fo<br>r, see <i>f</i><br>f the ac   | In the appropriate box. The TIN provided must match the withholding. For individuals, this is generally your social a resident alien, sole proprietor, or disregarded entity, se or other entities, it is your employer identification number allow to get a TIN, on Page 5.  Count is in more than one name, see the instructions for the office of the Requester for guidelines on whose number to | e the instructions for Part I, (EIN). If you do not have a  or  Employer identification  |   | n number   |                           |
| Please  |   | or<br>In with the state agency if this is required for vendors<br>eral funds.  | Unique Entity Identifier (SAM) As of April 4, 2022, all vendors that receive federal grant funds must submit their Unique Entity Identifier registered in the System of Awards Management (SAM). |   |  |                           |
| Part  | i II  | Certification  |  |   |  |                           |
| The<br>Lar<br>Ser<br>no<br>B. Lar                             | e numb<br>n not si<br>vice (If<br>longer :<br>n a U.S   | es of perjury, I certify that: er shown on this form is my correct taxpayer identification ubject to backup withholding because: (a) I am exempt fixed that I am subject to backup withholding as a result of subject to backup withholding; and it is citizen or other U.S. person (defined below); and it is code(s) entered on this form (if any) indicating that I are                           | rom backup withh<br>f a failure to repor   | olding, or (b)<br>t all interest o            | I have not been notified or dividends, or (c) the  | d by the Internal Revenue |
| o back<br>ransac<br>of debt                                   | up with<br>tions, i<br>, contril<br>ds, you   | instructions. You check the following box if you have be inholding because you have failed to report all interest and tem 2 does not apply. For mortgage interest paid, acquisit butions to an individual retirement arrangement (IRA), are not required to sign the certification, but you must pro   | I dividends on you tion or abandonmend generally, payr   | tax return. Fent of secure<br>nents other the | or real estate<br>d property, cancellation<br>nan interest and   | n ltem 2 does not apply.  |
|   |   | ctive Commonwealth of Massachusetts state employee: (  | ` ' L  | Yes   | No   |                           |
| req   | uireme  | rtify compliance with the Massachusetts State Ethics Co<br>nts at https://www.mass.gov/ethics.   | ommission  |   |  |                           |
| Sign<br>Here  |   | Signature of U.S. person ▶   |  |   | Date ▶   |                           |