(Revised April 2022) Massachusetts Substitute Form W-9

## Request for Taxpayer Identification Number and Certification

► Online instructions at: macomptroller.org/wp-content/uploads/instructions\_w-9.pdf

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

		1 Business name/Taxpayer (as shown on your income tax return). Name is required on this line; do not leave this line blank.  University of Massachusetts						
		2 Business name/disregarded entity name/dba, if different from above.						
Print or type. See Specific Instructions on page 3.		University of Massachusetts Chan Medical School						
	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.						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on Page 4):	
		Individual/sole proprietor C Corporation S Corporation Partnershi or single-member LLC			Trust/estate		Exempt payee code (if any):	
		Limited liability company. Enter the tax classification (C=C corporation, S=S corporation).  Note: Check the appropriate box in the line above for the tax classification of the sin					Exemption from FATCA reporting code (if any):	
	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.					owner of the LLC is gle-member LLC that is	<u>C</u>	
		Other (see instructions) Doctrine of intergovernmental tax immunity (Applies to accounts maintained outside the U.S.)						
	5 Legal Address (number, street, and apt. or suite no.) See instructions.			Requester's r	name and address (option	al)		
	55 Lake Avenue North							
	6 City, state, and ZIP code							
		Worcester, MA 01655						
	7 Remittance Address (if different from Legal Address)							
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  Social security number								
avoid backup withholding. For individuals, this is generally your social security number (SSN).								
However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, on Page 5. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , on Page 5.								
Employer identification number							n number	
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number to Give the Requester for guidelines on whose number to enter.  0 4 - 3 16 7 3 5 2							7 3 5 2	
OLINS	Nu	mher		Unique Entity Id	entifier (SAM			
Please confirm with the state agency if this is required for vendors  As of April 4, 202						022, all vendors that receive federal grant funds must submit their		
receiving federal funds.  Unique Entity Id  MQE2JHHJ						dentifier registered in the System of Awards Management (SAM).  JW9Q8		
Par	t II	Certific	cation				_	
Jnder penalties of perjury, I certify that:								
<ol> <li>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</li> <li>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</li> </ol>								
<ol> <li>I am a U.S. citizen or other U.S. person (defined below); and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is</li> </ol>								
o back ransac of debt divider	ction tion ction ds,	withholding because ns, item 2 does not ap ntributions to an indi	u check the following box if you have be you have failed to report all interest and oply. For mortgage interest paid, acquisit vidual retirement arrangement (IRA), an to sign the certification, but you must pro	dividends on your ion or abandonmend generally, payn	tax return. For ent of secured ents other th	or real estate d property, cancellatior an interest and	Item 2 does not apply.	
on Page 5.  5. I am an active Commonwealth of Massachusetts state employee: (check one)								
If yes, I certify compliance with the Massachusetts State Ethics Commission requirements at https://www.mass.gov/ethics.								
Sigr		,	DocuSigned by:					
Here		Signature of U.S. person ▶	May & Cent			Date > 8/31/202	3	
		o.o. person r	9E6ECD6PD1934E3			Date.		