

Form **W-9**
 (Revised April 2022)
 Massachusetts
 Substitute Form W-9

Request for Taxpayer Identification Number and Certification

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

▶ [Online instructions at: macomptroller.org/wp-content/uploads/instructions_w-9.pdf](https://macomptroller.org/wp-content/uploads/instructions_w-9.pdf)

Print or type. See Specific Instructions 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. University of Massachusetts	
	2 Business name/disregarded entity name/dba, if different from above. University of Massachusetts Chan Medical School	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </div> <div style="width: 45%;"> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </div> </div> <p style="font-size: small; margin-top: 5px;">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.</p> <input checked="" type="checkbox"/> Other (see instructions) ▶ Doctrine of intergovernmental tax immunity	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on Page 4): Exempt payee code (if any): 3 _____ Exemption from FATCA reporting code (if any): C _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Legal Address (number, street, and apt. or suite no.) See instructions. 55 Lake Avenue North	Requester's name and address (optional)
	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 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 *How to get a TIN*, on Page 5.

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.

Social security number										
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or										
Employer identification number										
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0	4	-	3	1	6	7	3	5	2	

DUNS Number
 Please confirm with the state agency if this is required for vendors receiving federal 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).
 MQE2JUUJW9Q8

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. citizen or other U.S. person (defined below); 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 check the following box 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 for Part II, on Page 5.

Item 2 does not apply.

5. I am an active Commonwealth of Massachusetts state employee: (check one) Yes No

If yes, I certify compliance with the Massachusetts State Ethics Commission requirements at <https://www.mass.gov/ethics>.

Sign Here	Signature of U.S. person ▶	DocuSigned by: 	Date ▶ 1/27/2023
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