UNPAID CHECK FUND INSTRUCTIONS

How to file a claim:

If you are an individual filing a claim:

- Complete the claimant portion of the claim form to the best of your knowledge. The claim form must include each individual's notarized signature for all claims in excess of \$500.00 and Social Security Number.
- A MA-W9 Form Request for Taxpayer Identification Number and Certification. AW-9 form must be completed for each claimant
- If an individual is claiming property on behalf of an estate, that person must provide the Taxpayer Identification Number of the estate or his or her Social Security Number, as well as the Social Security Number of the deceased.
- If the present address of the claimant(s) is different from the address on the initially issued check, the claimant(s) must provide proof of the former address, as well as proof of the address change, or verification why the initial address was incorrect. For example, an old utility bill, previous tax return, photocopy of driver's license with prior address, etc.

If you are an individual filing a claim on behalf of a corporation or business:

- Complete the claimant portion of the claim form to the best of your knowledge. The claim form must include the Taxpayer Identification Number and a notarized signature for all claims in excess of \$500.00 and the title of the individual filing the claim on behalf of the company. If the Taxpayer Identification Number has changed since the initial issue date of the check, please provide the old Taxpayer Identification Number.
- A MA-W9 form must be completed on behalf of the business.
- If the present address for the business is different from the address on the initially issued check, proof of change of address must be submitted. For example, if a business has had a change of address, notification of the change on the company letterhead would suffice.
- If the claim is submitted on behalf of an active business, the individual signing the claim form must provide documentation verifying that he or she has the authority to submit the claim on behalf of the business. For example, if an officer of the company signs the claim form, he or she must also submit a copy of the most recent document filed with the Secretary of State or Securities and Exchange Commission listing the officers of that business. If the claim form is signed by an individual who is not an officer, a statement on the authorizing officer's letterhead, signed by that officer, must be provided along with a copy the most recent documents filed with the Secretary of State or Securities and Exchange Commission listing- the officers of that business or an affidavit signed by an appropriate officer of the business stating that the individual signing the claim form is authorized to submit claim.
- If the claim form is submitted on behalf of a corporation whose dissolution has been completed, the individual signing the claim form must provide a copy of a Corporate Revival Certificate issued by the Secretary of State, as well as a copy of the Articles of Incorporation and the most recent amendment, if any, resulting in a change of officers.
- If the claim form is submitted on behalf of any other type of inactive business, the individual signing the claim form must provide verification that he or she is or was the principal owner of the business, or other documentation evidencing his or her right to the property on behalf of the business. For example, a certified copy of a court order stating that the individual signing the claim form is the trustee or documentation verifying the merger or acquisition of the business and a purchase agreement demonstrating the asset allocation, must be provided along with the documentation required to show that the individual signing is an officer or has been authorized by an officer of the company to submit a claim.

COMMONWEALTH OF MASSACHUSETTS STEVEN GROSSMAN TREASURER & RECEIVER GENERAL UNPAID CHECK FUND ONE ASHBURTON PLACE, 12TH FLOOR BOSTON, MA 02108-1608 TELEPHONE 617-367-3900

NAME & ADDRESS

CLAIM FORM IDENTIFICATION NO.

CHECKS YEAR

IMPORTANT: Make a copy of the claim form for your Records and return the completed form along with all necessary documentation, including the original check, if in your possession, marked void, to the address below. If you have any questions please call 617 367-3900 and have the ID # on the top of the form available to expedite your call. Mail to: *Massachusetts Department of Revenue FSB/Revenue Accounting Unit ATTN: Unpaid Check Fund P.O. Box 9555 Boston, MA 02114*

To be completed by Claimant(s):

Claimant must sign below (if more than one person is listed as payee both must sign). Signatures provided must be notarized for all claims in excess of \$500.00. Fraud or misrepresentation may result in criminal prosecution.

Under the pains and penalties of perjury, I (we) have not cashed/drawn this check or previously received a replacement check or otherwise received any benefit therefrom.

Signature of Claimant	Date		Social Security or Federal Identification No. (Substitute W-9)
Signature of Co-Claimant	Date		Daytime Telephone Number
Please Print Name (Claimant) Description of Property:	Plea	ase Print Name	(Co-Claimant)
Check Number Notarization	Issue Date		Check Amount
	SS.	Date	, 20
Then personally appeared	aim form is true to th	e best of his/her	to me known and made oath //their knowledge and belief.
Before me, Notary Public		Му сог	nmission expires

To be completed by the Massachusetts Department of Revenue:

We hereby certify that based upon research of our agency records and to the best of our knowledge the following check payment was a valid payment for services rendered, that our agency did not request a stop payment nor did this agency issue a duplicate payment and that these funds were turned over to the Treasurer of the Commonwealth of Massachusetts:

Name(s) of Payee(s)	SSN/Fed Id No.	Issue Date	Issue Number
Dollar Amount	Name of Financial Institution	Drawn Upon	

Continued on other side

Continued from other side

Draft Account Name/ and or Number	Date Property(Turned over)	Date Account Purged
Authorized Signature, Title, Phone Number	Date Sigr	ned
Please print name (Authorized signer) By: For Massachusetts <i>Department of Revenue</i>		
To be completed by Massachusetts State Tre	asury, Unclaimed Property Division:	
Evidence Review		
Reviewer	date	

Reviewer

date

Supervisory Approval

date upcf generic claim form.doc

Form W-9
(Massachusetts Substitute W-9 Form) Rev. April 2009

Request for Taxpayer Identification Number and Certification

Completed form should be given to the requesting department or the department you are currently doing business with.

Name (List legal name, if joint names, list first & circle the name of the person whose TIN you enter in Part I-See Specific Instruction on page 2)

Business name, if different from above. (See Spe	ecific Instruction on page 2)		
Check the appropriate box: Individual/So	ole proprietor 🛛 Corpo	ration	□ Other ►
Legal Address: number, street, and apt. or suite r	no.	Remittance Address: suite no.	if different from legal address number, street, and apt. or
City, state and ZIP code		City, state and ZIP co	de
Phone # ()	Fax # ()	Email ac	Idress:
Part I Taxpayer Identification Nun	nber (TIN)		
Enter your TIN in the appropriate box. For ind security number (SSN). However, for a resid disregarded entity, see the Part I instructio page 2. For other entities, it is your employer you do not have a number, see How to get a Note: If the account is in more than one nam guidelines on whose number to enter.	lent alien, sole proprietor n on identification number (EIN TIN on page 2.). lf	Social security number
Vendors: Dunn and Bradstreet Universal Numberin	g System (DUNS)		
Part II Certification			
 I am no longer subject to backup withhold I am an U.S. person (including an U.S. re I am currently a Commonwealth of Massa Commission requirements. Certification instructions: You must cross because you have failed to report all interest 	ing, and sident alien). achusetts's state employee out item 2 above if you hav	: (check one): No`	erest or dividends, or (c) the IRS has notified me that Yes If yes, <u>in compliance with</u> the State Ethic RS that you are currently subject to backup withholdir ransactions, item 2 does not apply.
lere Authorized Signature ►			Date ►
Purpose of Form A person who is required to file an information return with the IRS must get your correct axpayer identification number (TIN) to report, for example, income paid to you, real estate ransactions, mortgage interest you paid, acquisition or debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person	conditions. This is called Payments that may be sul withholding include interest barter exchange transaction nonemployee pay, and ce fishing boat operators. Re are not subject to backup If you give the requested the proper certifications, a	bject to backup st, dividends, broker and ons, rents, royalties, rtain payments from eal estate transactions withholding. r your correct TIN, make	 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only). Certain payees and payments are exempt from backup withholding. See the Part II instructions on page 2. Penalties
 Use Form W-9 only if you are a 0.5. person including a resident alien), to give your correct (IN to the person requesting it (the requester) and , when applicable, to: I. Certify the TIN you are giving is correct (or you are waiting for a number to be issued). 	 taxable interest and divide payments you receive will backup withholding. Payr be subject to backup with You do not furnish you 	ends on your tax return, not be subject to nents you receive will thholding if:	Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.
 Certify you are not subject to backup withholding f you are a foreign person, use the 	requester, or 2. You do not certify your (see the Part II instruct	r TIN when required	Civil penalty for false information with respect to withholding . If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.
ppropriate Form W-8. See Pub 515, Withholding of Tax on Nonresident Aliens and	details), or 3. The IRS tells the reque	ester that you furnished	Criminal penalty for falsifying information.

Withholding of Tax on Nonresident Aliens and Foreign Corporations.

What is backup withholding? Persons making certain payments to you must withhold a designated percentage, currently 28% and pay to the IRS of such payments under certain The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends only), or

an incorrect TIN, or

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Part I - Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site www.irs.gov.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments.

The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN **or** that you intend to apply for one soon.

Part II - Certification

To establish to the paying agent that your TIN is correct or you are a U.S. person, or resident alien, sign Form W-9.

For a joint account, only the person whole TIN is shown in Part I should sign (when required).

Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

Dunn and Bradstreet Universal Numbering System (DUNS) number requirement –

The United States Office of Management and Budget (OMB) requires all vendors that receive federal grant funds have their DUNS number recorded with and subsequently reported to the granting agency. If a contractor has multiple DUNS numbers the contractor should provide the primary number listed with the Federal government's Central Contractor Registration (CCR) at <u>/www.ccr.gov</u>. Any entity that does not have a DUNS number can apply for one online at <u>http://www.dnb.com/us/</u> under the DNB D-U-N Number Tab.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold a designated percentage, currently 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number to Give the Requester

For	this type of account:	Give name and SSN of:
1.	Individual	The individual
2.	Two or more	The actual owner of the
	individuals (joint	account or, if combined
	account)	funds, the first
		individual on the
		account
3.	Custodian account of	The minor ²
	a minor (Uniform Gift	
	to Minors Act)	1
4.	a. The usual	The grantor-trustee ¹
	revocable savings	
	trust (grantor is	
	also trustee)	The actual owner ¹
	 b. So-called trust account that is not 	The actual owner
	a legal or valid	
	trust under state	
	law	
5.	Sole proprietorship	The owner ³
•••	eere proprietoremp	
For	this type of account:	Give name and EIN of:
101		
	Sole proprietorship	The owner ³
	Sole proprietorship A valid trust, estate, or	
7.	Sole proprietorship A valid trust, estate, or pension trust	The owner ³ Legal entity ⁴
7. 8.	Sole proprietorship A valid trust, estate, or pension trust Corporate	The owner ³ Legal entity ⁴ The corporation
7. 8.	Sole proprietorship A valid trust, estate, or pension trust Corporate Association, club,	The owner ³ Legal entity ⁴
7. 8.	Sole proprietorship A valid trust, estate, or pension trust Corporate Association, club, religious, charitable,	The owner ³ Legal entity ⁴ The corporation
7. 8.	Sole proprietorship A valid trust, estate, or pension trust Corporate Association, club, religious, charitable, educational, or other	The owner ³ Legal entity ⁴ The corporation
7. 8. 9.	Sole proprietorship A valid trust, estate, or pension trust Corporate Association, club, religious, charitable, educational, or other tax-exempt organization	The owner ³ Legal entity ⁴ The corporation The organization
7. 8. 9. 10.	Sole proprietorship A valid trust, estate, or pension trust Corporate Association, club, religious, charitable, educational, or other tax-exempt organization Partnership	The owner ³ Legal entity ⁴ The corporation The organization The partnership
7. 8. 9. 10.	Sole proprietorship A valid trust, estate, or pension trust Corporate Association, club, religious, charitable, educational, or other tax-exempt organization Partnership A broker or registered	The owner ³ Legal entity ⁴ The corporation The organization
7. 8. 9. 10.	Sole proprietorship A valid trust, estate, or pension trust Corporate Association, club, religious, charitable, educational, or other tax-exempt organization Partnership	The owner ³ Legal entity ⁴ The corporation The organization The partnership The broker or nominee
7. 8. 9. 10. 11.	Sole proprietorship A valid trust, estate, or pension trust Corporate Association, club, religious, charitable, educational, or other tax-exempt organization Partnership A broker or registered nominee	The owner ³ Legal entity ⁴ The corporation The organization The partnership
7. 8. 9. 10. 11.	Sole proprietorship A valid trust, estate, or pension trust Corporate Association, club, religious, charitable, educational, or other tax-exempt organization Partnership A broker or registered nominee Account with the Department of Agriculture in the name	The owner ³ Legal entity ⁴ The corporation The organization The partnership The broker or nominee
7. 8. 9. 10. 11.	Sole proprietorship A valid trust, estate, or pension trust Corporate Association, club, religious, charitable, educational, or other tax-exempt organization Partnership A broker or registered nominee Account with the Department of Agriculture in the name	The owner ³ Legal entity ⁴ The corporation The organization The partnership The broker or nominee
7. 8. 9. 10. 11.	Sole proprietorship A valid trust, estate, or pension trust Corporate Association, club, religious, charitable, educational, or other tax-exempt organization Partnership A broker or registered nominee Account with the Department of	The owner ³ Legal entity ⁴ The corporation The organization The partnership The broker or nominee
7. 8. 9. 10. 11.	Sole proprietorship A valid trust, estate, or pension trust Corporate Association, club, religious, charitable, educational, or other tax-exempt organization Partnership A broker or registered nominee Account with the Department of Agriculture in the name of a public entity (such	The owner ³ Legal entity ⁴ The corporation The organization The partnership The broker or nominee
7. 8. 9. 10. 11.	Sole proprietorship A valid trust, estate, or pension trust Corporate Association, club, religious, charitable, educational, or other tax-exempt organization Partnership A broker or registered nominee Account with the Department of Agriculture in the name of a public entity (such as a state or local	The owner ³ Legal entity ⁴ The corporation The organization The partnership The broker or nominee
7. 8. 9. 10. 11.	Sole proprietorship A valid trust, estate, or pension trust Corporate Association, club, religious, charitable, educational, or other tax-exempt organization Partnership A broker or registered nominee Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school	The owner ³ Legal entity ⁴ The corporation The organization The partnership The broker or nominee
6. 7. 8. 9. 10. 11. 12.	Sole proprietorship A valid trust, estate, or pension trust Corporate Association, club, religious, charitable, educational, or other tax-exempt organization Partnership A broker or registered nominee Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that	The owner ³ Legal entity ⁴ The corporation The organization The partnership The broker or nominee

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴. List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

If you have questions on completing this form, please contact the Office of the State Comptroller. (617) 973-2468.

Upon completion of this form, please send it to the Commonwealth of Massachusetts Department you are doing business with.