The Commonwealth of Massachusetts
Department of the State Treasurer
One Ashburton Place
Boston, Massachusetts 02108-1608

Timothy P. Cahill
Treasurer and Receiver General

Application for Active Servicemen/ Not in Iraq or Afghanistan

Please be certain to:

- Complete, sign, and date the application.
- Enclose Commanding Officer certificate and a copy of you military I.D.
- Have the residence certificate portion of the application signed and stamped by the appropriate official in the city or town you lived prior to your latest enlistment/commission into the service (if minor at the time of entry, please have a parent's residency certified). Residency must reflect at least 6 months prior to your latest enlistment/commission into the military but no more than 1 year.
- Enclose the completed and signed W9 form.
- If you are in the Guard or the Reserves please submit your orders sending you to active duty. You must be activated under Title 10 not Title 32.
- Please be sure all signed documents are original copies.
- Mail complete application to:

  Office of the State Treasurer
  One Ashburton Place, Room 1207
  Boston, MA 02108
  Attention: Welcome Home Bonus Division

Contact my office at 617-367-3900 ext. 859 with any questions.

Sincerely,

Timothy P. Cahill
Treasurer and Receiver General
Veteran's Bonus Division
617-367-3900 ext. 859

Welcome Home Bonus Information

Eligibility Requirements:

1. Chapter 130 Acts of 2005: Six months domicile in Massachusetts immediately prior to your latest enlistment/commission into the Armed Forces.

2. Active service on or after September 11, 2001.

Payment Information:

1. Active service in Afghanistan or Iraq: $1000.00

(The area of eligibility encompasses all land area of the countries Iraq and Afghanistan, and the contiguous water area out to 12 nautical miles, and all air spaces above the land area of Iraq and Afghanistan and above the contiguous water area out to 12 nautical miles.)

2. Six months or more active service, state side or outside the continental limits of the United States: $500.00

* *Active service shall not include active duty for training in the Army National Guard or Air National Guard, or active duty for training as a reservist in the armed forces of the United. You also must be acitvated under Title 10 not 32.*

How to Apply:*:*

1. Complete, sign, and date the application.

2. The Residence Certificate portion of the application must be signed and stamped by the appropriate foffical inthe city or town where you resided prior to your latest enlistment/comission into the Armed Forces. Resdiency certificate must reflect at lest 6 months prior to your latest enlistment/commission date into the military, but no more than 1 year. (See page one of this application for more specific details regarding the Residency certificate.)

3. Submit a complete and clear photocopy of ALL # 4 DD214's for service after September 11, 2001.

Veterans Bonus Division
617-367-9333 ext. 859

The Commonwealth of Massachusetts
Department of the State Treasurer
One Ashburton Place
Boston, Massachusetts 02108-1608

Timothy P. Cahill
Treasurer and Receiver General

Application for the Welcome Home Bonus under Chapter 130, Acts of 2005

1. Name under which veteran entered the service……
Last First Middle

2. Present Name (if different)……
Last First Middle

3. Mailing address (present)…….
Street City/Town State/Zip Code

4. Gender: Male……. Female…….. 5. Social Security #……

6. Branch of service ……. 7. Rank or Grade ……...

8. Enlisted……..…
Date Place

9. Active service began:…… Place:……..
Date

10. Dates of active service outside the continental limits of the United States, Alaska, or Hawaii From …….. To……

11. Date of discharge or release from active service…….. Place……
Date

12. Place of birth…… 13. Date of birth……

14. Legal residence at time of entry into the service

……..
Street City/Town State/Zip Code

15. Address given at time of separation from the service

……..
Street City/Town State/Zip Code

16. Length of **Legal Residence** in Massachusetts IMMEDIATELY PRIOR TO ENTRY INTO SERVICE.....
Yrs/ Months

17. Names and legal address of parents at time of entry into the service……

……

18. If married at time of entry into the service, name and legal address of spouse…….

……

Penalty Provisions, Sec. 16 & 17, Ch. 130, Acts of 2005: "Whoever knowingly makes a false statement, oral or written, relating to material fact supporting a claim under the provisions of this act, shall be punished by a fine of not more than one thousand dollars, or by imprisonment for no more than three years, or both…"

…… ……..
Date Applicant's Signature Applicant's Phone Number

Residence Certificate (over)

RESIDENCE CERTIFICATE should be completed by city/town official

……
Today's Date City/Town

(a) I hereby certify that, according to the official records of this office……...
Name

was a resident of …… in the Commonwealth of

Massachusetts on January first of the year …… the veteran's entry into the armed forces of

the United States in the course of the Welcome Home Bonus.

…… ……
Signature of Official Please print name and title of Official

Seal

(b) If applicant was a MINOR, kindly certify in section (a) of Residence Certificate name of father or mother appearing on line 19.
(c) I am unable to complete the above certificate strike out (a) or (c), whichever is inapplicable.

…… ……
Signature of Official Please print name and title of Official

DISCHARGE PAPERS (DD214) MUST BE ATTACHED HERETO

MASSACHUSETTS WELCOME HOME BONUS APPLICATION FOR OFFICERS OR ENLISTED SERVICEMEN WHO HAVE 6 OR MORE MONTHS OF ACTIVE SERVICE AFTER SEPTEMBER 11, 2001 AND HAVE NOT SERVED IN IRAQ/AFGHANISTAN.

CERTIFICATE TO BE FILLED OUT BY COMMANDING OFFICER

I HEREBY CERTIFY, UNDER THE PENALTIES OF PERJURY, THAT ACCORDING TO THE OFFICIAL MILITARY RECORDS IN MY CUSTODY, THE FOLLOWING STATEMENTS ARE TRUE.

a) Name of applicant _____
Last First Middle

b) Present permanent home address _____
Street City/Town State/Zip Code

c) Present mailing address _____
Street City/Town State/Zip Code

d) Social Security Number _____

e) Component and Branch or Class_____ f) Present Rate/Rank_____

g) Character of Service ☐ Honorable ☐ is pending by or under sentence of a court martial? ☐ Yes ☐ No

h) Length of Active Service_____ From _____To_____
years months days present dates

i) Ship or Organization of Foreign Duty_____
Has veteran received an award for serving overseas?_____
Overseas Campaign Badges, etc._____

j) Date of Birth_____k) Place_____l) ☐ Male ☐ Female

m) Date of entry into present continuous active service_____
Permanent home address then_____
Street City/Town State/Zip Code
Means of Entry ☐ Induction ☐ Enlistment ☐ Commissioned ☐ Recall ☐ Other
Place of Entry_____

n) Date of first enlistment or appointment From_____ To _____
Permanent address then_____
Street City/Town State/Zip Code
Means of entry ☐ Induction ☐ Enlistment ☐ Commissioned ☐ Recall ☐ Other

o) Subsequent enlistments or periods of active service From_____ To _____
Permanent address then_____
Street City/Town State/Zip Code

I declare under the pains and penalties of perjury, that according to official military records in my custody, the applicant, who is presently under my command, has served at least 6 months of active service on or after September 11, 2001. Furthermore according to official military records in my custody, the character of service at all times during the applicants period of active service has been honorable.
I acknowledge that the six month period recognized as active service in the official military records does not include active duty for training in the Air National Guard or Army National Guard or active duty for training as a reservist in the Armed Forces of the United States. This also includes those who are active duty in Naval Academy.

_____
Commanding Officer Signature

_____
Commanding Officer Rank

_____
Commanding Officer Print Name

_____
Commanding Officer Contact Number

_____
Date

Form **W-9**
(Massachusetts Substitute W-9 Form)
Rev. May 2004

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.

Please print or type

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 Specific Instruction** on page 2)

Check the appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ►----------

Legal Address: number, street, and apt. or suite no.	**Remittance Address**: if different from legal address number, street, and apt. or suite no.
City, state and ZIP code	**City, state and ZIP code**

Phone # ( ) Fax # ( ) Email address:

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instruction on page 2**. 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 2.
Note: *If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.*

Social security number

☐☐☐-☐☐-☐☐☐☐

OR

Employer identification number

☐☐-☐☐☐☐☐☐☐

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 Services (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 an U.S. person (including an U.S. resident alien).
4. I am currently a Commonwealth of Massachusetts's state employee: (check one): No____ Yes _____ If yes, attach a copy of the letter from the State Ethics Commission. Individual information, including address will be part of the public record and accessible under Freedom of Information.

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.

Sign Here	**Authorized Signature ►**	**Date ►**

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, 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 (including a resident alien), to give your correct TIN to the person requesting it (the requester) and , when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify you are not subject to backup withholding

If you are a foreign person, use the appropriate Form W-8. See **Pub 515**, 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 29% and pay to the IRS of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends only), or
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

Failure to furnish TIN. If your 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.

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.

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 **{ HYPERLINK http://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.

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 29% 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 individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship	The owner [3]
For this type of account:	**Give name and EIN of:**
6. Sole proprietorship	The owner [3]
7. A valid trust, estate, or pension trust	Legal entity [4]
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. 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 receives agricultural program payments	The public entity

[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) 973-2311 or 973-2655

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