

**MASSACHUSETTS  
SUPPLEMENTAL FORM**



**Applicant:** \_\_\_\_\_

**MASSACHUSETTS SUPPLEMENTAL FORM FOR KEY GAMING EMPLOYEE EXECUTIVE  
AND GAMING VENDOR QUALIFIERS**

**PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED**

**NAME AND ADDRESS**

NAME: LAST (INCLUDE SR., JR., ETC., IF APPLICABLE) \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

MAILING ADDRESS: NUMBER AND STREET \_\_\_\_\_ APT# \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME ADDRESS: IF DIFFERENT THAN MAILING ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PRESENT BUSINESS ADDRESS: NUMBER AND STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_ CELL TELEPHONE NUMBER \_\_\_\_\_ WORK TELEPHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**DESCRIPTIVE INFORMATION**

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ FT \_\_\_\_\_ IN WEIGHT: \_\_\_\_\_ LBS \*SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(MM/DD/YYYY)

\* UNDER THE PRIVACY ACT, DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY\*

**HAIR COLOR**

- BLACK       BROWN  
 BLONDE       RED  
 GRAY       WHITE  
 BALD

**EYE COLOR**

- BLACK       BROWN  
 HAZEL       BLUE  
 GRAY       GREEN

**SEX**

- MALE  
 FEMALE

**RACE**

- AMERICAN INDIAN / ALASKAN NATIVE       HISPANIC  
 BLACK / AFRICAN AMERICAN       WHITE  
 ASIAN / PACIFIC ISLANDER  
 OTHER \_\_\_\_\_

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME OR NAMES? YES  NO  IF YES, LIST THE ADDITIONAL NAMES BELOW AND SPECIFY

DATES OF USE FOR EACH. (INCLUDE MAIDEN NAME, ALIASES, NICKNAMES, OR ANY OTHER NAME) \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_  
CITY/TOWN \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ COUNTRY \_\_\_\_\_

**MANUALLY AFFIX A COLOR  
2" X 2" WITH  
A FULL-FACE, FRONT VIEW  
PHOTOGRAPH  
TAKEN WITHIN THE PAST  
6 MONTHS.**

(IF ELECTRONIC FILING APPLICATION  
YOUR CREDENTIAL PICTURE WILL  
BE SUFFICIENT FOR AFFIXING)

Initials/Date: \_\_\_\_\_

**IMPORTANT**  
**FAILURE TO ANSWER ANY QUESTION ON THIS APPLICATION COMPLETELY AND TRUTHFULLY**  
**MAY RESULT IN THE DENIAL OF YOUR LICENSE APPLICATION**

1. Provide the following information about the gaming license applicant or licensee with which you are, or are seeking to be, associated:

NAME OF ENTITY \_\_\_\_\_

ADDRESS OF ENTITY: NUMBER AND STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NATURE OF APPLICANT'S POSITION WITH OR INTEREST IN SUCH ENTITY \_\_\_\_\_

2. Check the appropriate box, either A or B below, indicating the reason for submitting this application.

A. I am an applicant for a Key Gaming Employee:

Executive

OR

B. I am a Gaming Vendor Qualifier because I am a(n):

Owner       Principal Employee       Investor       Stockholder

Officer       Partner       Director       Other

C. If applicable, list the name of the holding company(ies) of the gaming license applicant or licensee with which the applicant is associated and the nature of the position with, or interest in, such entity.

\_\_\_\_\_

\_\_\_\_\_

3. Do you have any ownership interest, financial interest or financial investment in any business which is applying to, or presently licensed by, the Massachusetts Gaming Commission?

Yes  No

If you checked yes, complete the following chart:

NAME OF BUSINESS	NATURE AND AMOUNT OF YOUR INTEREST / INVESTMENT	% OF OWNERSHIP IN THE BUSINESS	GAMING AGENCY

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 3.**

4. Are you a citizen of the United States?

Yes  No

5. If you are a naturalized citizen of the United States, attach a copy of your Certificate of Naturalization to this form labeled as **attachment to question 5.**

*If you answered "YES" to Question 5 and if applicable provided the certificate of naturalization, please continue to Question 8.*

6. If you are not a citizen of the United States, please indicate:

A. The country of which you are a citizen: \_\_\_\_\_

Initials/Date: \_\_\_\_\_

B. Your place of birth: \_\_\_\_\_  
CITY STATE COUNTRY

C. Your port of entry to the United States: \_\_\_\_\_

D. Name and address of your sponsor upon arrival:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. If you are not a United States citizen, but you are a legally authorized permanent resident alien or you are authorized to be employed in the United States, please provide your "USCIS A" number or other USCIS authorization number in the space provided below. Attach to this form a copy of your USCIS identification card and/or any other USCIS document that conditions or restricts your employment label as **attachment to question 7**.

USCIS "A" number: \_\_\_\_\_

8. During the last ten year period, have you held a 5% or greater interest in or been a director, officer or principal employee of any business that:

A. Has held a foreign bank account or has had authority to control disbursements from a foreign bank account?  
Yes  No

B. Has maintained a bank account, or other account, whether domestic or foreign, which was not reflected on the books or records of the business?  
Yes  No

C. Has maintained a domestic or foreign numbered bank account or other bank account in a name other than the name of the business?  
Yes  No

D. Has donated or loaned corporate funds or corporate property for the use or benefit of, or for the purpose of opposing, any government, political party, candidate or committee either domestic or foreign?  
Yes  No

E. Has compensated any of its directors, officers or employees for time and expenses incurred in performing services for the benefit of or in opposition to any government or political party either domestic or foreign?  
Yes  No

F. Has made any loans, donations or other disbursements to its directors, officers or employees for the purpose of making political contributions or reimbursing such individuals for political contributions?  
Yes  No

9. State when you filed your last Federal Income Tax Return 1040, to what IRS Center was it sent, and the tax period it covered.

Date Filed: \_\_\_\_\_ Period Covered: \_\_\_\_\_

IRS Location: \_\_\_\_\_

Attach to the back of this form and label as **attachment to question 9**, a copy of each IRS Form 1040 and Form 1040X (Amended Return) and all appropriate schedules filed by you in the last five years. If you and your spouse filed separate tax returns for any year in the last five years, also attach a copy of your spouse's tax returns.

10. Has your Federal Income Tax Return ever been audited or adjusted? Yes  No

If you checked yes, for what tax year(s)? \_\_\_\_\_

11. Have you ever failed to file required Federal or State Income Tax Returns? Yes  No

If you checked yes, for what year(s)? \_\_\_\_\_

Initials/Date: \_\_\_\_\_

12. Have you or your spouse filed any type of tax return, statement or form in any jurisdiction outside the United States within the last ten years?

Yes  No

If you checked yes, complete the following chart:

TAX YEAR(S) FILED	COUNTRY FILED	AMOUNT OF TAX

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 12.**

13. (A) Are you a party to **any currently pending** lawsuit? (Include matrimonial matters, negligence matters, auto accident matters, contract matters, collection matters, debt matters, foreclosure matters, etc.)

Yes  No

(B) Have you had any financial liens or judgments filed against you **in the last ten years**? (Include federal tax liens, state tax liens, unemployment judgments, defaulted student loans, delinquent child support obligations, etc.)

Yes  No

If you checked yes to either question, complete the following chart:

DATE FILED	JURISDICTION	DOCKET NUMBER	OTHER PARTIES TO THE LAWSUIT	NATURE OF THE LAWSUIT	DISPOSITION (IF APPLICABLE)	DATE OF DISPOSITION (IF APPLICABLE)

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 13-A or B.**

14. Have you filed a petition for any type of bankruptcy or insolvency or been adjudicated bankrupt or insolvent under any bankruptcy or insolvency law **in the last ten years**?

Yes  No

If you checked yes, attach to this application, labeled as **attachment to question 14**, a copy of the bankruptcy petition and discharge (if available).

15. Have your wages, earnings, or other income been subject to garnishment, attachment, charging order, voluntary wage execution, or the like **in the last ten years**?

Yes  No

If you checked yes, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF THE COURT	NATURE OF OBLIGATION	AMOUNT OF OBLIGATION	NAME AND ADDRESS OF OBLIGATION HOLDER

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 15.**

Initials/Date: \_\_\_\_\_

**ANTITRUST, TRADE REGULATION AND SECURITY AGREEMENTS -  
STATUTORY AND REGULATORY VIOLATIONS**

16. (A) Have you ever had a judgment, order, consent decree, or consent order pertaining to a violation, or an alleged violation of the federal antitrust trade regulation, securities laws, or similar laws of any state, province, or country entered against you?  
 Yes  No

(B) In the past 10 years, have you had a judgment, order, consent decree, or consent order pertaining to a violation, or an alleged violation of any state or federal statute, regulation, or code that resulted in a penalty or fine of \$50,000 or more entered against you?  
 Yes  No

If you checked yes to either question, complete the following chart:

DATE OF OFFENSE	NATURE OF OFFENSE	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT, DECREE OR ORDER	DATE ENTERED

**Note:** Should you require additional space, attach a separate sheet of paper in the same format and label it **attachment to question 16.**

Initials/Date: \_\_\_\_\_

17. Provide the information requested below for three (3) references over the age of 18 who have known you for at least one year and can attest to your good character and reputation. No person who is a member of your family can be used as a reference. (i.e. spouse, parents, grandparents, children, grandchildren, siblings, uncles, aunts, nephews, nieces, fathers-in-law, mothers-in-law, sons-in-law, daughters-in-law, brothers-in-law and sisters-in-law whether by whole or half blood, by marriage, adoption or natural relationship.)

**REFERENCE ONE**

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone number \_\_\_\_\_ Occupation \_\_\_\_\_  
How long have you known this reference?  
Email address \_\_\_\_\_

**REFERENCE TWO**

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone number \_\_\_\_\_ Occupation \_\_\_\_\_  
How long have you known this reference?  
Email address \_\_\_\_\_

**REFERENCE THREE**

Name \_\_\_\_\_ Business Address \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone number \_\_\_\_\_ Occupation \_\_\_\_\_  
How long have you known this reference?  
Email Address \_\_\_\_\_

Initials/Date: \_\_\_\_\_

**WAIVER OF LIABILITY AND CONSENT AND STATEMENT OF TRUTH**

**Waiver of Liability**

I, \_\_\_\_\_, hereby waive liability as to the Commonwealth of Massachusetts and  
(Print Name)  
its instrumentalities and agents, for any damages resulting to me from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during the licensing, registration or permitting process or during any inquiries, investigations or hearings related thereto.

**Consent**

I, \_\_\_\_\_, hereby consent to fingerprinting, photographing and the supplying of  
handwriting exemplars as authorized by 205 CMR 134.07.

**Statement of Truth**

I, \_\_\_\_\_, hereby state under the pains and penalties of perjury:

1. The information contained herein and accompanying this application is true and accurate to the best of my knowledge and understanding.
2. I personally supplied and/or reviewed the information contained in this form.
3. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this application that is not an original document is a true copy of the original document.
5. I am aware that if any of the foregoing statements made by me are false, this application may be denied.

I understand if I have questions regarding this form, I should ask an employee of Licensing.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type, Stamp or Print Name)

\_\_\_\_\_  
(Date)



**RELEASE AUTHORIZATION**

To: Law Enforcement Agencies, Courts, Probation Departments, Military Organizations, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, All Gaming Regulatory Agencies, and All Governmental Agencies – federal, state and local, without exception, both foreign and domestic (the “issuing entity”).

I, \_\_\_\_\_ authorize the  
(Print Name)  
Massachusetts Gaming Commission and Investigations and Enforcement Bureau (Bureau) to conduct a full investigation into my background and activities.

I acknowledge that the Commission and/or Bureau may contract or may have contracted with third parties for the purpose of conducting due diligence suitability investigations on behalf of the Commission and/or Bureau in connection with my application filed with the Commission.

I authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Commission or Bureau, provided that he or she certifies to you that I have an application pending before the Commission or that I am presently a licensee or person required to be qualified.

I release any issuing entity, the Commission, the Bureau and their agents, representatives and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization for release of information.

I acknowledge that this authorization shall supersede and replace any prior release authorization executed by me for the Commission and/or Bureau.

**This release shall be valid from the date of signature and, once issued, for the term duration of the license (3 years).**

A photocopy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Type, Stamp or Print Name)

\_\_\_\_\_  
(Date)

On this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
(Signature of Notary)

(Notary Stamp)

**Authorization to Obtain Tax Information from the Department of Revenue**

**To Whom it May Concern:** *I hereby authorize any investigator of the Massachusetts State Police or the Massachusetts Gaming Commission or their designee(s) to receive information from the Massachusetts Department of Revenue regarding any non-compliance with the tax laws for the years 2012-2016; and to ascertain whether any outstanding liability to the Commonwealth or other taxing authorities exists; and to ascertain whether a child support obligation exists. The attorneys-in-fact are authorized, subject to revocation, to receive this information on behalf of the taxpayer. Said confidential information may be released by the attorney-in-fact to the state office, board or other authority to which I am seeking appointment. The authorization is good for one hundred and eighty days from signing and shall thereupon automatically be terminated. I acknowledge that, if the Department of Revenue determines that I am in non-compliance with the tax and/or child support laws of the Commonwealth, I shall be subject to appropriate enforcement action to facilitate the assessment and/or collection of tax liabilities or child support obligations prior to appointment.*

Have you filed a Massachusetts income tax return for the following tax years? **Answer Yes or No for each year:**

2012 \_\_\_\_\_; 2013 \_\_\_\_\_; 2014 \_\_\_\_\_; 2015 \_\_\_\_\_; 2016 \_\_\_\_\_;

**Important:** If you answered No for any of the years listed above, complete A, B, or C below and specify for which year(s) the relevant statement applies.

- A. I was a legal resident of Massachusetts, but my Massachusetts gross income was less than \$8,000.00 for the tax year(s): \_\_\_\_\_
- B. I was a nonresident of Massachusetts and I did not receive sufficient Massachusetts-source income to require filing a Massachusetts income tax return for the above tax year(s). List other states and years of filing: \_\_\_\_\_
- C. Other Reason: \_\_\_\_\_

Have you filed a joint tax return in any of the years 2012-2016?

**Yes                  No**

*If Yes, please list name, Social Security number, and years filed jointly:*

\_\_\_\_\_

**I understand that by signing my name, address, and Social Security Number, under penalty of perjury, I am authorizing the Massachusetts Department of Revenue to release the information listed above to the persons listed above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current Address:

\_\_\_\_\_

Spouse's Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Information about the IRS 4506-T

This notice pertains to:

- **Gaming Vendor Primary Applicants & Qualifiers (Entity and Natural Persons)**
- **Gaming Vendor Secondary Applicants & Qualifiers (Entity and Natural Persons)**
- **Key Gaming Employees**

The Massachusetts Gaming Commission (MGC) is requesting an IRS 4506-T for an Account Transcript. The Account Transcript contains information on the financial status of an account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. This information is limited to items such as tax liability and estimated tax payments, and does **not** provide the MGC with the entire tax return.

Please complete the attached 4506-T and return the form to the MGC Division of Licensing. Please note the comments below:

**Line 1a - 4:**  
Complete all items, if there is a section that is not applicable, please indicate with N/A

**Line 6:**  
List the tax return form number filed with the IRS

**Line 6B:**  
Check "Account Transcript"

**Line 9:**  
List the dates when the individual's or business' tax year ends (All 4 years)

**Sign Here:**  
Complete this entire section and sign. (Note: only one signature is necessary if you filed joint return)

<p><b>Form 4506-T</b> (July 2017) Department of the Treasury Internal Revenue Service</p>	<p><b>Request for Transcript of Tax Return</b></p> <p>▶ <b>Do not sign this form unless all applicable lines have been completed.</b> ▶ <b>Request may be rejected if the form is incomplete or illegible.</b> ▶ <b>For more information about Form 4506-T, visit <a href="http://www.irs.gov/form4506t">www.irs.gov/form4506t</a>.</b></p>	<p>OMB No. 1545-1872</p>								
<p><b>Tip.</b> Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at <a href="http://IRS.gov">IRS.gov</a> and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use <b>Form 4506, Request for Copy of Tax Return</b>. There is a fee to get a copy of your return.</p>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.                 </td> <td style="width: 50%; padding: 5px;"> <b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)                 </td> </tr> <tr> <td style="padding: 5px;"> <b>2a</b> If a joint return, enter spouse's name shown on tax return.                 </td> <td style="padding: 5px;"> <b>2b</b> Second social security number or individual taxpayer identification number if joint tax return                 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)                 </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)                 </td> </tr> </table>			<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)	<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return	<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)		<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
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<p><b>6</b> <b>Transcript requested.</b> Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. →</p> <table style="width: 100%;"> <tr> <td style="width: 80%;"> <p><b>a</b> <b>Return Transcript</b>, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days <input type="checkbox"/></p> </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> </td> </tr> <tr> <td> <p><b>b</b> <b>Account Transcript</b>, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days → <input type="checkbox"/></p> </td> <td style="text-align: right;"> <input type="checkbox"/> </td> </tr> </table>			<p><b>a</b> <b>Return Transcript</b>, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days <input type="checkbox"/></p>	<input type="checkbox"/>	<p><b>b</b> <b>Account Transcript</b>, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days → <input type="checkbox"/></p>	<input type="checkbox"/>				
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<p><b>9</b> <b>Year or period requested.</b> Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. →</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">/</td> <td style="width: 25%;">/</td> <td style="width: 25%;">/</td> <td style="width: 25%;">/</td> </tr> </table>			/	/	/	/				
/	/	/	/							
<p><b>Caution:</b> Do not sign this form unless all applicable lines have been completed.</p>										
<p><b>Signature of taxpayer(s).</b> I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. <b>Note:</b> This form must be received by IRS within 120 days of the signature date.</p>										
<p><input type="checkbox"/> <b>Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.</b> See instructions.</p>		<p>Phone number of taxpayer on line 1a or 2a</p>								
<p><b>Sign Here</b> →</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <b>Signature</b> (see instructions)                 </td> <td style="width: 40%; padding: 5px;"> <b>Date</b> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)                 </td> </tr> <tr> <td style="padding: 5px;"> <b>Spouse's signature</b> </td> <td style="padding: 5px;"> <b>Date</b> </td> </tr> </table>		<b>Signature</b> (see instructions)	<b>Date</b>	<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)		<b>Spouse's signature</b>	<b>Date</b>		
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<b>Spouse's signature</b>	<b>Date</b>									
<p><b>For Privacy Act and Paperwork Reduction Act Notice, see page 2.</b> <span style="float: right;">Cat. No. 37667N <b>Form 4506-T</b> (Rev. 7-2017)</span></p>										

**NOTE:** The 4506-T must not be dated older than 120 days from the date of submission.

### Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**Massachusetts Gaming Commission Division of Licensing, 101 Federal Street, Boston, MA 02110 Telephone Number: 617.979.8400**

**Caution:** If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

**a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .

**b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . .

**c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . .

**7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . .

**8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

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**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

**Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

<b>Signature</b> (see instructions)	Date
<b>Title</b> (if line 1a above is a corporation, partnership, estate, or trust)	
<b>Spouse's signature</b>	Date

Phone number of taxpayer on line 1a or 2a



**CERTIFICATION OF FILING AND PAYMENT OF FEDERAL AND STATE TAXES  
(KEY GAMING EMPLOYEES and INDIVIDUAL QUALIFIERS OF GAMING VENDORS)**

*The Massachusetts Gaming Commission requires the submission of this Certification in accordance with M.G.L. c. 23K, §§ 12, 30 and 205 CMR 112, 134.10.*

I do hereby certify that (Check all boxes that apply):

1.  I have filed all U.S. Federal and State tax returns required during the 5 years preceding my application; AND
2.  I have not been notified of any unpaid U.S. Federal or State tax assessment for which liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service or state Department of Revenue, and I am not in default; AND
3.  I have signed the IRS Form 4506-T, directing the IRS to send a copy of my tax transcript for each of the past four years to the Commission.

**OR**

4.  I did not file U.S. Federal tax returns. Please explain why, including the non-U.S. jurisdiction where you filed tax returns.

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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant