

Applicant Name:

INDIVIDUAL CERTIFICATION OF FILING AND PAYMENT OF FEDERAL/FOREIGN AND STATE TAXES

Please fill out the following chart, starting with the most recent tax filing year. If you have filed an

ax ear	U.S. Federal or Foreign Jurisdiction(s)	Examined, Audited, or Adjusted by the IRS or Foreign Jurisdiction? (Y/N)	State(s)

If you are not required to file, indicate as such and the reason why the filing is not required (i.e. under income reporting threshold, filed as a dependent on another return, or similar):

If Massachusetts is listed in the chart above, if you have ever filed taxes in Massachusetts, or if you have earned Massachusetts-taxable income, you must request a Certificate of Good Standing (COGS) from the Massachusetts Department of Revenue.

As an applicant for qualification, licensure, or registration from the Massachusetts Gaming Commission, I do hereby certify under the pains and penalties of perjury:

- I have filed all required U.S. federal, state, and/or foreign tax returns during the five (5) years preceding my application as indicated in the above chart;
- I understand that if I amended my return after its original submission, the amended

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 For any tax year where I have indicated a foreign jurisdiction, I was not 	t othorwica required
to file U.S. Federal tax returns;	t otherwise required
 For any tax year where I have indicated that I did not file taxes in Mass required to file Massachusetts returns; 	sachusetts, I was not
I understand that I must submit the last four years of U.S. Tax Account of the application; if these tax transcripts were not included in the original the date they were requested from the IRS:; and	ginal filing, indicate
 I have not been notified of any unpaid U.S. federal, foreign, or state tall which liability remains unsatisfied, unless the assessment is the subject agreement or offer in compromise that has been approved by the Intel Service, foreign taxing authority, or state Department of Revenue, and 	t of an installment rnal Revenue
nature of Individual	Date

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