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

Request for Taxpayer Identification Number and Certification

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

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1 Business name/Taxpayer (as shown on your income tax return). Name is required on this line; do not leave this line blank.

	Roca, Inc.												
	2 Busi	ness name/disregarded er	ntity name/dba	, if different from	above.								
r.	 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. 										4 Exemptions (codes apply only to certain entities, not individuals;		
s on pade 3.	Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate									see instructions on Page 4): Exempt payee code (if any):			
Print or type. See Specific Instructions on pade	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners										Exemption from FATCA reporting code (if any):		
PI Pe Specific	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.												
Š	✓	✓ Other (see instructions) ► $501 (c)(3)$									(Applies to ac outside the U	counts maintained .S.)	
	-	al Address (number, street	-	uite no.) See ins	tructions	S.	Requester's	name a	nd addres	s (optiona	al)		
	101	Park Stree	t										
	6 City,	state, and ZIP code											
	Ch	elsea, MA 02	2150										
	7 Rem	ittance Address (if differer	nt from Legal A	Address)									
Par		Taxpayer Ide	entificatio	on Numbe	r (TI	N)							
Enter y	our TIN	I in the appropriate box	. The TIN pr	ovided must m	atch th	ie name given on		Socia	al security	y number	r		
		withholding. For individu a resident alien, sole pro									_		
on Pag	e 5. Fo	r other entities, it is you	r employer i	dentification n	umber	(EIN). If you do no	ot have a						
numbe	1, See <i>r</i>	<i>low to get a TIN,</i> on Pa	ge 5.					or Empl	loyer iden	tification	number	number	
		count is in more than o o <i>Give the Requester</i> fo					Vhat Name		1	i	1 1 1	1	
		,	5					22	2 - 3	22	364	1	
DUNS			16 Ab 1 - 1	in a familia da		Unique Entity Id				6			
		n with the state agency ral funds.	it this is requ	lirea for venac	ors							must submit their nagement (SAM).	
7810	781034160 NN1LQ82LCPD5												
Part	t II	Certificatio	n										
		es of perjury, I certify that er shown on this form is		taxpaver iden	tificatio	n number (or Lan	a waiting for	a num	har ta ha	issued	to me): and		
2. Iar	n not sı	ubject to backup withho RS) that I am subject to	Iding becaus	se: (a) I am ex	empt fr	om backup withhe	olding, or (b)	I have	not beer	n notified	d by the Inte	ernal Revenue	
no	longer s	subject to backup withh	olding; and	U					ondo, or	(0) 110 1			
		. citizen or other U.S. p A code(s) entered on th				n exempt from FA	TCA reportir	ng is co	orrect.				
		nstructions. You chec holding because you ha								subject	Item	2 does not apply.	
of debt	, contrik ds, you	em 2 does not apply. Fo outions to an individual are not required to sign	retirement a	rrangement (IF	RA), an	d generally, paym	nents other th	han inte	erest and				
		tive Commonwealth of	Massachuse	etts state empl	oyee: (check one)	Yes		١o				
		rtify compliance with the nts at https://www.mass		setts State Eth	ics Cor	mmission							
Sign	1	te at https://www.made	<u> </u>										
Here		Signature of U.S. person ►	Ame	M_Hes	lz			Date	∎ 1/24	4/2024			