

CITY OF PAWTUCKET  
PAWTUCKET WATER SUPPLY  
MAY 22, 2024, TAX SALE  
10:00 A.M. LOCAL TIME

**BIDDER QUALIFICATION FORM**

The undersigned, being duly sworn on oath deposes and says:

That this affidavit is given for the purpose of compliance with RIGL 44-9-13 and 44-9-13.1, as amended.

That I am bidding at Tax Sale on behalf of \_\_\_\_\_.  
The type of entity for this bidder is \_\_\_\_\_.

That the bidder identified in Paragraph 2 hereof is not delinquent in the paying of taxes, nor is an officer of the bidder, nor is a 10% shareholder or owner of the bidder delinquent in the paying of taxes on any property located in the City of Pawtucket, City of Central Falls and Town of Cumberland respectively,

Said bidder is current on all payment plans for the payment of taxes to the City of Pawtucket, City of Central Falls and Town of Cumberland (if any).

In the event said bidder is not a resident of the State of Rhode Island, the following agent is appointed to provide redemption figures and/or release such land:

\_\_\_\_\_. Said agent of the State of Rhode Island. In the event of the said agent changes his/her residence, a new Certificate shall be filed with the City of Pawtucket, City of Central Falls or Town of Cumberland.

WITNESS my hand this     day of             2024.

BIDDER:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tele. # \_\_\_\_\_

Subscribed and sworn to before me in City of Pawtucket, County of Providence, State of Rhode Island, this  
\_\_\_ day of             2024.

\_\_\_\_\_  
Notary Public

I hereby accept the appointment as Agent for the Bidder.

Signature of Agent: \_\_\_\_\_

Print Name of Agent: \_\_\_\_\_

Address: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC      <input type="checkbox"/> C Corporation      <input type="checkbox"/> S Corporation      <input type="checkbox"/> Partnership      <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> 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 <b>not</b> 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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	Requester's name and address (optional)
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									

**or**

Employer identification number									

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## 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 Service (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 a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**

Signature of  
U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

# TAX SALE DEED INFORMATION

**COMPLETE THIS FORM EXACTLY AS YOU WANT YOUR NAME TO BE RECORDED ON THE COLLECTORS' DEED (FOR EXAMPLE ABC REALTY, RIGP), AS ALL INFORMATION WILL BE RECORDED FROM THIS FORM.**

PAYMENTS FOR WINNING BIDS MUST BE MADE AT THE PAWTUCKET WATER SUPPLY BOARD OFFICE, 85 BRANCH ST, PAWTUCKET BY CASH, CERTIFIED CHECK OR BANK CHECK ONLY. ALL CHECKS MUST BE MADE PAYABLE TO: **PAWTUCKET WATER SUPPLY BOARD**

**PRINT YOUR NAME LEGIBLY AS IT IS TO APPEAR ON THE DEED**

GRANTEE: \_\_\_\_\_

**ENTITY TYPE:**

- \_\_\_\_ R.I. GENERAL PARTNERSHIP
- \_\_\_\_ R.I. LIMITED PARTNERSHIP
- \_\_\_\_ R.I. CORPORATION
- \_\_\_\_ MASSACHUSETTS GENERAL PARTNERSHIP
- \_\_\_\_ MASSACHUSETTS LIMITED PARTNERSHIP
- \_\_\_\_ MASSACHUSETTS CORPORATION
- \_\_\_\_ INDIVIDUAL
- \_\_\_\_ OTHER \_\_\_\_\_

**MAILING ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ (optional)

SIGNATURE: \_\_\_\_\_