



*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 DISCHARGED SERVICEMEN
SUBSEQUENT DEPLOYMENT(S)**

- **Complete, sign and date** the attached application.
- Residency Certificate must be filled out by the appropriate city/town official, reflecting **at least 6 months** prior to your latest deployment, but **no more** than 1 year. **In lieu of a residency certificate**, we accept W-2 forms and/or copies of excise taxes that reflect this same time period.
- Enclose the completed and **signed** W-9 form.
- Enclose **all copies** of your **member #4** DD214's for service after September 11, 2001.
- Provide evidence of service in country **if deployed to Iraq/Afghanistan**.
- Please be sure all signed documents are **original copies**.
- Mail the completed 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) 367-9333 ext. 859 with any questions.

Sincerely,

Timothy P. Cahill
Treasurer and Receiver General
Veteran's Bonus Division

Discharged Servicemen/ Multiple Deployments

Chapter 132 Acts of 2009, Section 11

Eligibility Requirements:

1. Must show **six months to one-year** residency in Massachusetts before latest deployment.
2. You **must** have received your original Welcome Home Bonus under Chapter 130 Acts of 2005.
3. Veteran must have service inside of **Iraq/Afghanistan**, or at least 180 days of continuous active **Foreign Service**.
4. Veteran must have received an **honorable discharge**.

Payment Information:

1. Service in Afghanistan or Iraq: **\$500.00**

(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 continuous months or more active Foreign Service outside the continental limits of the United States service: **\$250.00**

****You also must be activated under Title 10, *not* Title 32.**

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

Welcome Home Bonus – Subsequent Deployment(s) Discharged Veterans

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. I have received A Welcome Home Bonus
10. Active service began: Place:
 Date
11. Subsequent Deployments: dates of active service **outside the continental limits of the United States, Alaska, or Hawaii** (Section 16 of chapter 132 of the Acts of 2009 limits payment of subsequent bonus to service overseas)
 - A. From To..... Iraq/Afghanistan Overseas
 - B. From To..... Iraq/Afghanistan Overseas
12. Date of discharge or release from active service..... Place.....
 Date
13. Place of birth.....
14. Date of birth.....
15. Legal residence at time of entry into the service

 Street City/Town State/Zip Code
16. Address given at time of separation from the service

 Street City/Town State/Zip Code
17. Length of **Legal Residence** in Massachusetts IMMEDIATELY PRIOR TO ENTRY INTO SERVICE.....
 Yrs. / Months
18. Names and legal address of parents at time of entry into the service.....

I HEREBY CERTIFY, UNDER THE PAINS AND PENALTIES OF PERJURY, THAT ALL INFORMATION ON THIS FORM IS TRUE.

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

Penalty Provisions, Sec. 8, Ch. 646, Act s of 1968: "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..."

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

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 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 whose 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.

Dunn and Bradstreet Universal Numbering System (DUNS) number requirement –

The United States Office of Management and Budget (OMB) requires all vendors that receive federal grant funds have their DUNS number recorded with and subsequently reported to the granting agency. If a contractor has multiple DUNS numbers the contractor should provide the primary number listed with the Federal government's Central Contractor Registration (CCR) at www.ccr.gov. Any entity that does not have a DUNS number can apply for one on-line at www.DNB.com under the DNB D-U-N Number Tab.

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 28% 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 The minor ²
3. Custodian account of a minor (Uniform Gift to Minors Act)	The grantor-trustee ¹
4. a. The usual revocable savings trust (grantor is also trustee)	The actual owner ¹
b. So-called trust account that is not a legal or valid trust under state law	
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) 973-2468.

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