

Timothy S McKenna
Peri Levin McKenna
12 Parley Vale
Jamaica Plain, Ma 02130

53-7112/2113

280

DATE

PAY TO
THE ORDER OF

\$

DOLLARS



Security Features
Included
Details on Back



Cambridge Savings Bank

MEMO

⑆ 211371120⑆ 568133423⑈ 0280

Property Owner Checklist

All of the below documents are required for move-out if the property owner will be receiving a payment from HomeBASE

- ☒ W-9
 - ☒ Proof of ownership
 - ☒ Direct deposit paperwork as required by HomeBASE Administering Agency
 - ☒ Lead compliance documentation as required by HomeBASE Administering Agency
 - ☐ Certificate of Fitness, if required by city
- in 45 days

DISCLOSURE FORM

To: N Jones @ mbsame.org

From: Timothy McKenna

Re: 255 Chestnut Ave JP Unit #4



*[For office use only] PO # (Web): _____

PO # (VDF): _____

**Direct Deposit Enrollment Request Form
Authorization Agreement for Automatic Deposits (ACH Credits)**

Please check one of following:

New Request for Direct Deposit [☐]

or

Change Current Direct Deposit Information [☐]

Property Owner / Payee Information

Name Timothy McKenna

Social Security # or Tax I.D. # 121440295

Daytime Phone Number 857 498 2574

Address 12 Parley Vale

City, State, Zip Code Jamaica Plain MA 02130

E-mail Address (please print) mckenna, tim@gmail.com

Direct Deposit Information:

Select one: [☒] Checking or [☐] Savings

Account Holder's Name Timothy McKenna

Bank Name Cambridge Savings Bank

Routing Number 211371120

Account Number 568 133423

Please attached with **voided check** from the specified checking account.

Substitute documentation **for account without paper check:** Letter from bank that indicate account name; account number and routing information.

I authorize Metro Housing|Boston and Bank of America to make electronic deposits to the specified account.

If monies to which I am not entitled are deposited to my account, I authorize Metro Housing|Boston to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization or until this authorization is revoked by me in writing.

Signature (required) [Signature]

Date 10/17/2018

***Please send this completed form with voided check (or substitute documentation) and send it to:**

Metro Housing|Boston
1411 Tremont Street, Boston, MA 02120-3401
Attn: Accounting Department

****Or email to:** Accounting.Mailbox@metrohousingboston.org

Call (617) 425-6616 if you have any questions. *Please note:* You may receive one or more "paper" checks before your direct deposit enrollment is processed and becomes active.

1 The first nine numbers from the left at the bottom of your deposit slip if using a savings account or your check if using a checking account is the bank routing number. This number is always nine digits.

2 Your account number is at the bottom of your check or savings deposit slip, after the bank routing number (and before the check number if using a check). If there are zeros before or after your account number, please include them.

1411 Tremont Street, Boston, MA 02120-3401

Phone 617-859-0400 | Toll-Free 800-272-0990 | info@MetroHousingBoston.org | MetroHousingBoston.org

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SECURITY MARK

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <u>Timothy S McKenna</u>	
2 Business name/disregarded entity name, if different from above	
3 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. <input checked="" 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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► 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. <input type="checkbox"/> Other (see instructions) ►	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
5 Address (number, street, and apt. or suite no.) See instructions. <u>12 Pasley Vale</u>	Requester's name and address (optional)
6 City, state, and ZIP code <u>Jamaica Plain MA 02130</u>	
7 List account number(s) here (optional)	

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.

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.

Social security number									
1	2	3	-	4	5	-	6	7	8
1	2	1	-	4	4	-	0	2	9
5									
or									
Employer identification number									
			-						

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 ► <u>[Signature]</u>	Date ► <u>10/17/18</u>
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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.

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.

COMMONWEALTH OF MASSACHUSETTS
CITY OF BOSTON
OFFICE OF THE COLLECTOR-TREASURER
ONE CITY HALL SQUARE, BOSTON, MA 02201



COLLECTOR OF TAXES
Emme L. Handy

This form approved by Commissioner of Revenue

MCKENNA TIMOTHY S ETAL
C/O PERI LEVIN MCKENNA
12 PARLEY VALE
JAMAICA PLAIN MA 02130

FY 2019

CITY OF BOSTON PRELIMINARY REAL ESTATE TAX

Office of the Assessor 617-635-4287

Office of the Collector 617-635-4131

Office Hours: Monday - Friday 9:00 AM - 5:00 PM

PAYMENTS CAN BE MADE ONLINE AT:
www.boston.gov/taxpayments
credit/debit card payments are subject to fees

If you are using a payment service to pay this bill, you MUST indicate the **TAXYEAR** and **BILL NUMBER** on the check

MAKE CHECKS PAYABLE TO:
THE CITY OF BOSTON

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

TAXPAYER'S COPY

2ND QUARTER

MAIL CHECKS TO:
BOX 55808
BOSTON, MA 02205

Do not send cash

WARD	PARCEL NO.	BILL NUMBER	BANK NO.
19	01026-000	102994	
LOCATION 255 CHESTNUT AV			
ASSESSED OWNER MCKENNA TIMOTHY S ETAL			

PRELIMINARY REAL ESTATE TAX	\$6,953.48
COMMUNITY PRESERVATION ACT	\$64.30
TOTAL PRELIMINARY TAX	\$7,017.78
1ST TAX PAYMENT DUE BY 08/01/2018	\$3,508.89
2ND TAX PAYMENT DUE BY 11/01/2018	\$3,508.89
PAYMENTS TO DATE/CREDITS	\$3,483.32
TAX DUE	\$3,534.46
FEES	\$0.00
INTEREST	\$0.72
TOTAL DUE	\$3,535.18
Pay by 11/01/2018	

Please detach this portion and remit this slip with payment

COMMONWEALTH OF MASSACHUSETTS CITY OF BOSTON

This form approved by Commissioner of Revenue

WARD	PARCEL NO.	BILL NUMBER	BANK NO.
19	01026-000	102994	
LOCATION 255 CHESTNUT AV			

COLLECTOR OF TAXES
Emme L. Handy

ASSESSED OWNER: MCKENNA TIMOTHY S ETAL

MCKENNA TIMOTHY S ETAL
C/O PERI LEVIN MCKENNA
12 PARLEY VALE
JAMAICA PLAIN MA 02130

MAKE CHECKS PAYABLE TO:
THE CITY OF BOSTON

MAIL CHECKS TO:
BOX 55808
BOSTON, MA 02205

Do not send cash

COLLECTOR'S COPY

2019 PRELIMINARY REAL ESTATE TAX 2ND QUARTER

TAX DUE	\$3,534.46
FEES	\$0.00
INTEREST	\$0.72
TOTAL DUE	\$3,535.18
Pay by 11/01/2018	

00182082019800102994100003535184