Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Before you beg	gin. For guidance related	d to the purpose of	Form W-9, see F	Purpose of Form, bel	ow.								
1 Name	of entity/individual. An entity is name on line 2.)					name o	on line	1, and	enter the	busii	ness/dis	regarded	
Treasure	er, State of New Jer	sev											
	2 Business name/disregarded entity name, if different from above.												
Departm	Department of the Treasury, Unclaimed Property Administration												
m 3a Check	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.						eck	certain entities, not individuals;					
E In	☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/e						estate see instructions on page 3):						
9. ₹ □ LT	LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)							Exempt payee code (if any)					
struci	Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. Other (see instructions)							Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)					
in the second	er (see instructions)								code (ii ariy)				
3b If on line and you this bo	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, che this box if you have any foreign partners, owners, or beneficiaries. See instructions							(Applies to accounts maintained outside the United States.)					
5 Addre	Address (number, street, and apt. or suite no.). See instructions.						ester's name and address (optional)						
50 West	50 West State Street, 6th Floor												
6 City, s	City, state, and ZIP code												
Trenton	Frenton, New Jersey 08608												
	7 List account number(s) here (optional)												
Part I T	axpayer Identifica	ation Number (TIN)										
		EU 2009 0 - 1		me given on line 1 t	a avoid	Social security number							
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, s	sole proprietor, or disreg	garded entity, see th	ne instructions for	Part I, later. For oth	ner			-		-			
	ur employer identificatio	on number (EIN). If y	ou do not have a	number, see How to	o get a	or	or						
TIN, later.					Employer identification number								
Note: If the account is in more than one name, see the instructions for line 1. See also What Name and													
Number To Give	e the Requester for guid	delines on whose no	umber to enter.			2	2	- 3	0 4	9	2 9	2	
Part II C	Certification					-							
Under penalties	s of perjury, I certify that	t:											
1. The number s	shown on this form is m	ny correct taxpayer	identification nun	nber (or I am waiting	for a numb	per to	be is	sued t	o me);	and			
2. I am not subj Service (IRS)	ject to backup withholdi that I am subject to bac bject to backup withhold	ling because (a) I an	n exempt from ba	ckup withholding, o	r (b) I have	not b	een n	otified	by the	Inter			
	citizen or other U.S. pers		and										
4. The FATCA of	code(s) entered on this f	form (if any) indicati	ng that I am exen	npt from FATCA rep	orting is co	rrect.							
	structions. You must cro		No.		Carlo State of			biect	to back	in wi	thholdir	na	
	eve failed to report all inte												
acquisition or ab	bandonment of secured p	property, cancellatio	n of debt, contrib	utions to an individua	l retiremen	t arrar	ngeme	nt (IR/	A), and,	gene	rally, pa	yments	
other than intere	est and dividends, you ar	re not required to sig	n the certification	, but you must provid	de your corr	rect T	N. Se	e the i	nstructi	ons fo	r Part I	l, later.	
						0	9/27	/202	4				
General	Instructions			New line 3b h	as been ad								

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

d to complete this line to indicate that it has direct or inforeign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they