



Douglas A. Ducey
Governor

Gregory R. Edgar
Executive Director

All forms **MUST** be filled out completely and signed where designated. If any forms are INCOMPLETE, it will **NOT** be processed and will be suspended or returned to be filled out correctly.

Mail Application Packet to the Arizona Lottery address listed at the bottom of this page to the attention of the **LICENSING DEPARTMENT**.

Use the following checklist as a guide.

- Application for Retailer's License- completed and signed.
- Personal Questionnaire - completed and signed by **each** owner, officer, member or partner.
- Identification - Provide a valid copy of Driver's License or Government issued picture I.D. for each owner, officer, member or partner submitting a Questionnaire.
- Retailer Information Form.
- EFT Form - Electronic Funds Transfer form - complete and signed by owner, officer, member or partner.
- Voided Check for EFT
- Substitute W-9 Form - Completed and signed with EIN information used for business entity.
- License Fee - not required at this time, fees are waived until further notice.

Please mail all forms and ID's to: Arizona Lottery
LICENSING DEPARTMENT
4740 E. University Drive
Phoenix, AZ 85034

If you have questions regarding any of the forms, **please** call licensing @ 480-921-4486 or send email to: AZLicensing@azlottery.gov.



State of Arizona
APPLICATION FOR LOTTERY RETAILER LICENSE

Please select the license type you are applying for:
[] Full Product License [] Instant Tab License

MRN
License No.

STORE INFORMATION

STORE Name: STORE Phone:
STORE Address:
City: County: ZIP Code:
NAME and PHONE Number of Store Contact:
ALTERNATE STORE Mailing Address (if applies):
Business Email:

OWNERSHIP INFORMATION

1. How is the business owned? [] Charitable Organization -- 501(c)(3) [] Sole Proprietor
[] Arizona Corporation [] Out of State Corporation
[] Limited Liability Company [] Partnership
2. NAME of Corporation, L.L.C. or Partnership:
Corporate Address: [] Same as Store
City: State: ZIP Code:
Corporate Contact (if applies): Contact Phone:
3. LIST name and title of all Owners, Officers, Members, or Partners affiliated with this business:
Name Title
Name Title
Name Title
Name Title
4. Federal Employer Identification No. Transaction Privilege Tax License No.

FOR LOTTERY USE ONLY

Route County Chain
Leg. Dist. Bus Code
[] FULL PRODUCT
[] AGE CONTROLLED INSTANT TAB
[] GENERAL INSTANT TAB
[] CHARITABLE INSTANT TAB
[] LIMITED LICENSE
[] PCT:EX (draw only) [] HD/LP (both)
[] CHANGE OF OWNERSHIP:
Previous License No.
Received:
Licensed:
Denied/Revoked:
Closed:
Cancelled:

Executive Director or Designee Approval: Date:

State of Arizona
APPLICATION FOR LOTTERY RETAILER LICENSE

(Continued)

GENERAL INFORMATION

1. YES NO Is the business compliant the accessibility requirements under the Americans with Disabilities Act?
2. YES NO Does the business sell alcoholic beverages? If yes, please provide the following:
Arizona Liquor License No.: _____ Exp. Date _____ Applied Date _____
3. YES NO Is the business currently delinquent in the payment of any Federal, State, County or Local Tax, or any other financial obligation to a government agency? If yes, please attach detailed statement.
4. YES NO Is the business property leased? - If yes, property owner name: _____
5. YES NO Is the business located on Indian Tribal Lands? If yes, Name of Tribe _____

CERTIFICATION AND SIGNATURE

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that I have reviewed the information provided in this application and that it is current, complete, and accurate. I am aware that omissions or false or misleading statements will be cause for denial of a retailer license or revocation of an existing license. I understand that I must either return for credit or pay for all lottery tickets sold under the license issued.

APPLICANT SIGNATURE

DATE

PRINT APPLICANT NAME

TITLE



State of Arizona
APPLICATION FOR LOTTERY RETAILER LICENSE
Personal Questionnaire
 MUST BE COMPLETED BY EACH OWNER AND OWNER'S SPOUSE, PARTNER,
 MEMBER, AND OFFICER

MRN

Arizona law requires the Lottery to conduct a background investigation on all applicants for a retail license, including a review of criminal history, credit, and financial solvency.

PLEASE ANSWER ALL QUESTIONS, IF NOT APPLICABLE USE N/A

GENERAL INFORMATION

Name: _____ Social Security No.: _____
Last First Middle Initial

Alias: _____ Sex: Male Female Place of Birth: _____
Any other names you have been known by

Birth Date _____ Driver's License No. _____ State of Residency _____

US Citizen? YES NO If not a US Citizen, do you have one of the following?

Resident Alien Card? NO YES If Yes, Resident Alien No.: _____ Expire Date _____
If yes, Please attach copy

Work Permit or Visa? NO YES If Yes, Permit or Visa No.: _____ Expire Date _____
If yes, Please attach copy

Contact numbers: _____
Business Phone Home Phone Cell Phone

EMAIL (Please provide): _____

Are you married? NO YES Spouse's Name: _____
First Middle Initial Last Maiden

RESIDENTIAL HISTORY

Where have you lived for the last 5 YEARS? (Include any out-of-county addresses - Attach additional sheet if necessary)

FROM		TO		STREET ADDRESS	CITY	STATE	ZIP CODE
MONTH	YEAR	MONTH	YEAR				

IF ANY ANSWER TO THE FOLLOWING QUESTIONS IS "YES," YOU MUST ATTACH A DETAILED SIGNED STATEMENT.

1. Have you ever been convicted for violating any law or ordinance? Yes No
2. Have you ever had an application for any business, professional or liquor license denied? Yes No
3. Have you ever had any business, professional or liquor license suspended or revoked? Yes No
4. Are you delinquent in the payment of any federal, state, or local tax? Yes No

State of Arizona

APPLICATION FOR LOTTERY RETAILER LICENSE
PERSONAL Questionnaire (Continued)

INDICATE YOUR AGREEMENT TO THE FOLLOWING STATEMENTS **BY INITIALING ON THE LINE PROVIDED**. IF YOU DO NOT AGREE, YOU MUST ATTACH A SIGNED STATEMENT GIVING THE REASONS.

Initial

- _____ I agree to review and become familiar with the Arizona Lottery laws, rules and regulations before I sell any lottery tickets.
- _____ I agree to notify the Arizona Lottery of any proposed change of ownership, business name, or address prior to making any such changes.
- _____ During the term of my retailer license (if issued), I consent to the entrance and inspection by Arizona Lottery official(s), without a warrant or other process, of my licensed premises to determine whether I am complying with the Arizona Lottery laws, rules, and regulations.
- _____ I consent to an investigation of my background, including a review of police and credit records, and all records of any other kind and description, and I hereby waive any rights and causes of action against the Arizona Lottery and any disclosing individual or agency relating in any way to the release and review of these records.
- _____ I agree to return all property of the Arizona Lottery and/or its contractors to the Arizona Lottery upon demand. I further agree that in the event that I close my business, I will return all property of the Arizona Lottery and/or its contractors to the Arizona Lottery before I close my business.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY that:

- (i) I have reviewed the information provided in this application and that it is current, complete, and accurate;
- (ii) I am aware that omissions or false or misleading statements will be cause for denial of a retailer license or revocation of an existing license;
- (iii) I will either return for credit or pay for all lottery tickets sold under the license issued; and
- (iv) The retail location to be licensed is currently in compliance with the Americans with Disabilities Act (ADA) and I will take all necessary steps to maintain compliance with the ADA during the license term.

Applicant Signature

Date

PRINT Name of Applicant

Title



State of Arizona
APPLICATION FOR LOTTERY RETAILER LICENSE
Personal Questionnaire
 MUST BE COMPLETED BY EACH OWNER AND OWNER'S SPOUSE, PARTNER,
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Alias: _____ Sex: Male Female Place of Birth: _____
Any other names you have been known by

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If yes, Please attach copy

Work Permit or Visa? NO YES If Yes, Permit or Visa No.: _____ Expire Date _____
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Business Phone Home Phone Cell Phone

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State of Arizona

APPLICATION FOR LOTTERY RETAILER LICENSE
PERSONAL Questionnaire (Continued)

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- _____ I consent to an investigation of my background, including a review of police and credit records, and all records of any other kind and description, and I hereby waive any rights and causes of action against the Arizona Lottery and any disclosing individual or agency relating in any way to the release and review of these records.
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- (iv) The retail location to be licensed is currently in compliance with the Americans with Disabilities Act (ADA) and I will take all necessary steps to maintain compliance with the ADA during the license term.

Applicant Signature

Date

PRINT Name of Applicant

Title



Retailer Information

MARKETING/SALES INFORMATION

1. Is this location an: Existing site New construction? If new construction, planned opening date _____
2. Business location: Free Standing Mall Strip Shopping Center Office building Other _____
3. Is the business compliant with the accessibility (handicap) requirements under the *Americans with Disabilities Act*? YES NO
4. Is this retail location currently a licensed lottery retailer? No Yes - when do you take over? _____
5. Will the owner be on the premises daily? Yes No If not, how often? _____
6. Is this a retail business? Yes No
7. Number of Cash Registers: _____. Approximate Customers Daily? _____
8. What are the store hours? 24 HOURS
9. Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 ____ to ____ ____ to ____
10. What are the major cross streets? _____
11. What services are offered (check all that apply)? Money Orders Check Cashing Loans
12. What Products do you currently offer for sale? (check all that apply) Gasoline Groceries Tobacco Products
 Prescription Drugs Newspapers Magazines Food/Drinks Other _____

LOTTERY RULES AND INFORMATION

You have been provided with a copy of the Arizona Lottery's Retailer Rules, which set forth the requirements and responsibilities you agree to as a licensed retailer. It is very important that you read the entire booklet to have a complete understanding of these rules.

Pursuant to **A.R.S. § 41-1030**, an agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that a statute or rule does not specifically authorize. General grant of statutory authority is not a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. A.R.S. § 41-1030 may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages, and all fees associated with the license application to a party that prevails in an action against the state for a violation of A.R.S. § 41-1030. A state employee may not intentionally or knowingly violate this statute. A violation of A.R.S. § 41-1030 is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy. The provisions of A.R.S. § 41-1030 do not abrogate the immunity provided by A.R.S. §§ 12-820.01 or 12-820.02.

These requirements are designed to build a stronger retailer network and help retailers do a better job as the Lottery's representative in the marketplace. If you have any questions, please call the Arizona Lottery Licensing Division at 480-921-4486 or 480-921-4439.



AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)

THE UNDERSIGNED LOTTERY RETAILER hereby authorizes the Arizona Lottery to effect payment for net monthly and/or weekly proceeds owing by the RETAILER from Lottery sales. The RETAILER authorizes the bank indicated below to debit or credit the bank account indicated for these amounts.

1) Bank Name _____

2) Business Name on Bank Account _____

3) Business Name _____

Submit a Voided Check with EFT form

ACCOUNT NAME	1300
ACCOUNT ADDRESS	
SAMPLE	
PAY TO THE ORDER OF _____	VOID \$ <input type="text"/>
VOID	
: 001300 : 122101706 : 0224 5321	

Check #

Transit/Routing #

Account #

Note: Location of transit/routing and account numbers may vary

4) Enter Transit/Routing Numbers here

5) Enter Bank Account Numbers here

6) Checking Account

Savings Account

7) Printed Name _____ Title: _____

Authorized Signature _____ Date: _____
Authorized signer: Officer, Member, Partner or Sole Owner

Retailer Number

Fax Number: 480-921-4512 Email: AZLicensing@azlottery.gov
For assistance call Licensing Dept @ 480-921-4486

Date entered/uploaded BOTS: _____

State of Arizona Substitute W-9: Request for Taxpayer Identification Number and Certification

Submit completed form to the State of Arizona Agency with whom you are doing business with for review and authorization.

1	Type of Request (Must select at least ONE) <input type="radio"/> New Request <input type="radio"/> New Location (Additional Address ID) <input type="radio"/> Change - Select the type(s) of change from the following: <input type="checkbox"/> Tax ID <input type="checkbox"/> Legal Name <input type="checkbox"/> Entity Type <input type="checkbox"/> Minority Business Indicator <input type="checkbox"/> Main Address <input type="checkbox"/> Remittance Address <input type="checkbox"/> Contact Information																													
2	Taxpayer Identification Number (TIN) (Provide ONE Only) TIN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> OR SSN <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>																													
3	Entity Name (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name.) Legal Name <input style="width: 600px; height: 20px;" type="text"/> DBA Name <input style="width: 600px; height: 20px;" type="text"/>																													
4	Entity Type (Must select ONE of the following) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="radio"/> Individual/Sole Proprietor or Single-Member LLC</td> <td><input type="radio"/> The US or any of its political subdivisions or instrumentalities</td> <td rowspan="4" style="width: 100px; vertical-align: middle;">Description <input style="width: 100%; height: 20px;" type="text"/></td> </tr> <tr> <td><input type="radio"/> Corporation</td> <td><input type="radio"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities</td> </tr> <tr> <td><input type="radio"/> Partnership</td> <td><input type="radio"/> Other: Tax Reportable Entity</td> </tr> <tr> <td><input type="radio"/> Limited Liability Company (LLC) including Corporations & Partnerships</td> <td><input type="radio"/> Other: Tax Exempt Entity</td> </tr> </table>			<input type="radio"/> Individual/Sole Proprietor or Single-Member LLC	<input type="radio"/> The US or any of its political subdivisions or instrumentalities	Description <input style="width: 100%; height: 20px;" type="text"/>	<input type="radio"/> Corporation	<input type="radio"/> A state, a possession of the US, or any of their political subdivisions or instrumentalities	<input type="radio"/> Partnership	<input type="radio"/> Other: Tax Reportable Entity	<input type="radio"/> Limited Liability Company (LLC) including Corporations & Partnerships	<input type="radio"/> Other: Tax Exempt Entity																		
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5	Minority Business Indicator (Must select ONE of the following) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="radio"/> Small Business</td> <td><input type="radio"/> Small, Woman Owned Business- Hispanic</td> <td><input type="radio"/> Minority Owned Business- African American</td> </tr> <tr> <td><input type="radio"/> Small Business- African American</td> <td><input type="radio"/> Small, Woman Owned Business- Native American</td> <td><input type="radio"/> Minority Owned Business- Asian</td> </tr> <tr> <td><input type="radio"/> Small Business- Asian</td> <td><input type="radio"/> Small, Woman Owned Business- Other Minority</td> <td><input type="radio"/> Minority Owned Business- Hispanic</td> </tr> <tr> <td><input type="radio"/> Small Business - Hispanic</td> <td><input type="radio"/> Woman Owned Business</td> <td><input type="radio"/> Minority Owned Business- Native American</td> </tr> <tr> <td><input type="radio"/> Small Business- Native American</td> <td><input type="radio"/> Woman Owned Business- African American</td> <td><input type="radio"/> Minority Owned Business- Other Minority</td> </tr> <tr> <td><input type="radio"/> Small Business- Other Minority</td> <td><input type="radio"/> Woman Owned Business- Asian</td> <td><input type="radio"/> Non-Profit, IRC §501(c)</td> </tr> <tr> <td><input type="radio"/> Small, Woman Owned Business</td> <td><input type="radio"/> Woman Owned Business- Hispanic</td> <td><input type="radio"/> Non-Small, Non-Minority or Non-Woman Owned Business</td> </tr> <tr> <td><input type="radio"/> Small, Woman Owned Business- African American</td> <td><input type="radio"/> Woman Owned Business- Native American</td> <td><input type="radio"/> Individual, Non-Business</td> </tr> <tr> <td><input type="radio"/> Small, Woman Owned Business- Asian</td> <td><input type="radio"/> Woman Owned Business- Other Minority</td> <td></td> </tr> </table>			<input type="radio"/> Small Business	<input type="radio"/> Small, Woman Owned Business- Hispanic	<input type="radio"/> Minority Owned Business- African American	<input type="radio"/> Small Business- African American	<input type="radio"/> Small, Woman Owned Business- Native American	<input type="radio"/> Minority Owned Business- Asian	<input type="radio"/> Small Business- Asian	<input type="radio"/> Small, Woman Owned Business- Other Minority	<input type="radio"/> Minority Owned Business- Hispanic	<input type="radio"/> Small Business - Hispanic	<input type="radio"/> Woman Owned Business	<input type="radio"/> Minority Owned Business- Native American	<input type="radio"/> Small Business- Native American	<input type="radio"/> Woman Owned Business- African American	<input type="radio"/> Minority Owned Business- Other Minority	<input type="radio"/> Small Business- Other Minority	<input type="radio"/> Woman Owned Business- Asian	<input type="radio"/> Non-Profit, IRC §501(c)	<input type="radio"/> Small, Woman Owned Business	<input type="radio"/> Woman Owned Business- Hispanic	<input type="radio"/> Non-Small, Non-Minority or Non-Woman Owned Business	<input type="radio"/> Small, Woman Owned Business- African American	<input type="radio"/> Woman Owned Business- Native American	<input type="radio"/> Individual, Non-Business	<input type="radio"/> Small, Woman Owned Business- Asian	<input type="radio"/> Woman Owned Business- Other Minority	
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9	Exemption from Backup Withholding and FATCA Reporting: Complete this section if it is applicable to you. See instructions for more details Exemption Code for Backup Withholding <input style="width: 300px;" type="text"/> Exemption Code for FATCA Reporting <input style="width: 300px;" type="text"/>																													
10	Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct Taxpayer Identification Number, 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 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 US citizen or other US person, and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. 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.																													
	Signature <input style="width: 600px;" type="text"/>		Print Name <input style="width: 200px;" type="text"/>		Date <input style="width: 100px;" type="text"/>																									

The State of Arizona Substitute W-9 Form Instructions

The State of Arizona (State), like all organizations that file an information return with the IRS, must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. The State uses the Substitute W-9 Form to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor system and to avoid Backup Withholding as mandated by the IRS. According to IRS regulations, the State must withhold 28% of all payments if a vendor/payee fails to provide the State its certified TIN. The Substitute Form W-9 certifies a vendor/payee's TIN. Any vendor/payee who wishes to do business with the State must complete the Substitute W-9 Form.

Part 1 - Type of Request: Select only one.

Part 2 - Taxpayer Identification Number (TIN): Enter your nine-digit TIN. The TIN is either your nine-digit Social Security Number (SSN) assigned by the Social Security Administration (SSA) or Employer Identification Number (EIN) assigned by the Internal Revenue Service (IRS).

Part 3 - Entity Name: Enter the legal name as it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C or Social Security Administration Records, Social Security Card. If Individual, Sole Proprietor, Single Member LLC, enter First, Middle, Last Name. Enter your DBA in the designated line if applicable.

Part 4 - Entity Type: Select only one for TIN given.

Part 5 - Minority Business Indicator: Select only one for TIN given.

Part 6 - Veteran Owned Business: Select only one for TIN given.

Part 7 - Entity Address: List the locations for tax reporting purposes and where payments should be mailed.

Part 8 - Entity Contact Information: List the contact information.

Part 9 - Backup Withholding and FATCA Exemptions: If you are exempt from Backup Withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you.

Backup Withholding Exemption Codes: Generally, Individuals (including Sole Proprietors) are not exempt from Backup Withholding. Additionally, Corporations are not exempt from Backup Withholding when supplying legal or medical services. If you do not fall under the categories below, leave this field blank. The following codes identify payees that are exempt from Backup Withholding:

Code 1: An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b) (7) if the account satisfies the requirements of section 401(f) (2)

Code 2: The United States or any of its agencies or instrumentalities

Code 3: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or Instrumentalities

Code 4: A foreign government or any of its political subdivisions, agencies, or instrumentalities

Code 5: A corporation

Code 6: A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States **Code 7:** A futures commission merchant registered with the Commodity Futures Trading Commission

Code 8: A real estate investment trust

Code 9: An entity registered at all times during the tax year under the Investment Company Act of 1940

Code 10: A common trust fund operated by a bank under section 584(a)

Code 11: A financial institution

Code 12: A middleman known in the investment community as a nominee or custodian

Code 13: A trust exempt from tax under section 664 or described in section 4947

FATCA Exemption Codes: The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. If you are only submitting this form for an account you hold in the United States, leave this field blank. The following codes identify payees that are exempt from FATCA Reporting:

Code A: An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a) (37)

Code B: The United States or any of its agencies or instrumentalities

Code C: A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

Code D: A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

Code E: A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c) (1) (i)

Code F: A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

Code G: A real estate investment trust

Code H: A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

Code I: A common trust fund as defined in section 584(a)

Code J: A bank as defined in section 581 **Code K:** A broker

Code L: A trust exempt from tax under section 664 or described in section 4947(a) (1)

Code M: A tax-exempt trust under a section 403(b) plan or section 457(g) plan

Part 10 - Certification: Please sign, date and provide preparer's name in appropriate space.