

### **Increased Credit Amount Statement**

|                                              |                                                                                                                                                      |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Taxpayer Name                                | Town of Warwick                                                                                                                                      |
| Taxpayer ID                                  | 04-6001338                                                                                                                                           |
| Description of Facility                      | Solar installed at Warwick Fire Station (22 Orange Rd, Warwick, MA 01378)                                                                            |
| Registration # (If applicable)               | PL00125107YL                                                                                                                                         |
| Statement of Qualification<br>(Check if yes) | <input type="checkbox"/> Meets Prevailing Wage and Apprenticeship Requirements                                                                       |
|                                              | <input checked="" type="checkbox"/> Meets Prevailing Wage and Apprenticeship Requirements due to system size being under 1 MW AC                     |
|                                              | <input type="checkbox"/> Meets the Continuity Requirement under the Physical Work Test (Project started construction before 1/29/2023)               |
|                                              | <input type="checkbox"/> Meets the Continuity Requirement under the 5% Safe Harbor Test (5% of total project cost paid or incurred before 1/29/2023) |

Under penalties of perjury, I declare that I have examined this statement, including accompanying documents, and to the best of my knowledge and belief, the facts presented in support of this statement are true, correct, and complete.



Brian Snell  
Chair of the Select Board  
Town of Warwick, MA

Date: 10/13/26

Form **8879-TE****IRS E-file Signature Authorization  
for a Tax-Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2025, or fiscal year beginning 07-01, 2025, and ending 06-30, 2026**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**2025**

Name of filer

EIN or SSN

**TOWN OF WARWICK****04-6001338**

Name and title of officer or person subject to tax

**BRIAN SNELL, CHAIR OF THE SELECT BOARD****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|                                                                               |                                                                                         |                    |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------|
| <b>1a</b> Form 990 check here . . . . . <input type="checkbox"/>              | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .     | <b>1b</b> _____    |
| <b>2a</b> Form 990-EZ check here . . . . . <input type="checkbox"/>           | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .                          | <b>2b</b> _____    |
| <b>3a</b> Form 1120-POL check here . . . . . <input type="checkbox"/>         | <b>b</b> Total tax (Form 1120-POL, line 22) . . . . .                                   | <b>3b</b> _____    |
| <b>4a</b> Form 990-PF check here . . . . . <input type="checkbox"/>           | <b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .         | <b>4b</b> _____    |
| <b>5a</b> Form 8868 check here . . . . . <input type="checkbox"/>             | <b>b</b> Balance due (Form 8868, line 3c) . . . . .                                     | <b>5b</b> _____    |
| <b>6a</b> Form 990-T check here . . . . . <input checked="" type="checkbox"/> | <b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . .                             | <b>6b</b> <u>0</u> |
| <b>7a</b> Form 4720 check here . . . . . <input type="checkbox"/>             | <b>b</b> Total tax (Form 4720, Part III, line 1) . . . . .                              | <b>7b</b> _____    |
| <b>8a</b> Form 5227 check here . . . . . <input type="checkbox"/>             | <b>b</b> FMV of assets at end of tax year (Form 5227, item D) . . . . .                 | <b>8b</b> _____    |
| <b>9a</b> Form 5330 check here . . . . . <input type="checkbox"/>             | <b>b</b> Tax due (Form 5330, Part II, line 19) . . . . .                                | <b>9b</b> _____    |
| <b>10a</b> Form 8038-CP check here . . . . . <input type="checkbox"/>         | <b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . . | <b>10b</b> _____   |

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize Goulding Law (Attorney/CPA) to enter my PIN 11791 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2025 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

**SIGN HERE****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

124808 11791

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

10-01-2026

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**