

# MFS<sup>®</sup> COST BASIS INFORMATION REPORTING FORM



This form should be completed if you are providing updated cost basis information to MFS Service Center, Inc. Please consult your tax advisor before submitting this form. A separate MFS Cost Basis Information Reporting Form must be submitted for each account for which you are providing cost basis.

## 1. Account Information

ACCOUNT REGISTRATION

MAILING ADDRESS

CITY

STATE

ZIP CODE

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FUND NUMBER

ACCOUNT NUMBER

REGISTERED REPRESENTATIVE'S NAME

REGISTERED REPRESENTATIVE'S PHONE NUMBER

## 2. Cost Basis Per Shares

For all tax lots that are missing, unknown, or require correction within your account. If you have additional tax lots, attach a separate piece of paper.

DATE OF PURCHASE (MM/DD/YYYY)	PRICE PER SHARE	NUMBER OF SHARES	TOTAL COST	LOT TYPE
	\$		\$	<input type="radio"/> Covered <input type="radio"/> Noncovered
	\$		\$	<input type="radio"/> Covered <input type="radio"/> Noncovered
	\$		\$	<input type="radio"/> Covered <input type="radio"/> Noncovered
	\$		\$	<input type="radio"/> Covered <input type="radio"/> Noncovered
	\$		\$	<input type="radio"/> Covered <input type="radio"/> Noncovered
	\$		\$	<input type="radio"/> Covered <input type="radio"/> Noncovered
	\$		\$	<input type="radio"/> Covered <input type="radio"/> Noncovered
	\$		\$	<input type="radio"/> Covered <input type="radio"/> Noncovered
	\$		\$	<input type="radio"/> Covered <input type="radio"/> Noncovered
	\$		\$	<input type="radio"/> Covered <input type="radio"/> Noncovered

### 3. Authorization

I authorize MFS Service Center, Inc. and its affiliates to act upon the instructions provided. I agree they will not be held liable for any loss, cost, expense, or future penalties assessed for acting on such instructions. I understand that MFS Service Center, Inc. is not responsible for the accuracy of the basis I have provided nor are they responsible for verifying the basis I have provided. I certify the above instructions and confirmations are true and complete.

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SIGNATURE (ALL AUTHORIZED SIGNERS)

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DATE (MM/DD/YYYY)

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PRINT NAME

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SIGNATURE (ALL AUTHORIZED SIGNERS)

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DATE (MM/DD/YYYY)

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PRINT NAME

If you have any questions about this form, please visit [mfs.com/TaxCenter](https://mfs.com/TaxCenter), or call 1-800-225-2606 any business day.

**Fax completed form to 1-877-654-3203 or mail to:**

**Regular mail**

MFS Service Center, Inc.  
P.O. Box 219341  
Kansas City, MO 64121-9341

**Overnight mail**

MFS Service Center, Inc.  
Suite 219341  
430 W 7th Street  
Kansas City, MO 64105-1407