

**Your claim must
be submitted
online or
postmarked by:
June 6, 2025**

**SUPERIOR COURT OF THE
DISTRICT OF COLUMBIA (TAX DIVISION)**

American Philosophical Association v. District of Columbia
Case No. 2019 CVT 000003

**PROOF
OF
CLAIM
FORM**

PROOF OF CLAIM FORM

INSTRUCTIONS

In order to claim a tax refund (plus interest), you must complete and sign this Proof of Claim Form and mail it to the Claims Administrator so it is postmarked no later than June 6, 2025. You may also complete and submit it online at www.dctaxrefundclassaction.com no later than June 6, 2025. Mailed Proof of Claim Forms, including any supporting documentation, must be sent to:

**DC Tax Refund Lawsuit
C/O RG/2 Claim Administration
P.O. Box 59479
Philadelphia, PA 19102-9479**

I. CONTACT INFORMATION

Name of the Organization

Contact Person First Name

Contact Person Last Name

Street Address of Organization

City

State

Zip Code

Email Address of Contact Person

Telephone Number of Contact Person

Tax Identification Number

**Enter the Notice ID* which can be found on the
Notice you received with this Proof of Claim Form**

You must notify the Claims Administrator if your contact information changes after you submit this Claim Form.

II. ELIGIBILITY INFORMATION

1. Is your organization tax exempt pursuant to I.R.C. § 501(c)(3)?

YES NO

If you answered Yes, go to Question 2. If you answered No, or if your organization was not tax exempt under that provision at the time of your meetings or events in the District, you do not qualify as a member of the Class and therefore are not eligible to receive a payment.

2. Has your organization held any meetings or events in the District for the purpose for which your organization was organized or for honoring your organization or its members since December 12, 2016 at any of the following hotels : The Washington Hilton, the Marriott Marquis, the Renaissance Washington, the Omni Shoreham Hotel, the Grand Hyatt Hotel, the Mayflower Hotel, the Hyatt Regency, the JW Marriot, the Capital Hilton, the Willard Intercontinental, the Marriott Wardman Park Hotel, the Fairmont, the Mandarin Oriental, the Watergate Hotel, the Hilton D.C. National Mall Hotel, the Marriott Georgetown, the Washington Marriott at Metro Center, or the Westin Washington City Center?

YES NO

If you answered Yes, go to Question 3. If you answered No, you do not qualify as a member of the Class and are therefore not eligible to receive a settlement payment.

3. Did your organization have an office in the District of Columbia at the time of all of these meetings or events?

YES NO

If you answered No to Question 3, please proceed to provide your meeting or event information below. If you answered Yes, you do not qualify as a member of the Class and are therefore not eligible to receive a settlement payment.

III. MEETING INFORMATION

For each meeting or event of your organization at one the hotels in the District listed above, please complete the following chart:

Date(s) of Meeting/Event (MM/DD/YYYY)	Meeting/Event Hotel	Purpose of Meeting/Event (E.g. Annual or Semi-Annual/Symposium/Conference/Honorarium)	Did your Organization have an Office in DC at the time of the Meeting/Event (Y/N)	\$ Amount of Meeting Taxes Paid by Your Organization

If you require additional space, please use a separate page and sign it.

You must provide some form of proof for each meeting's tax payments. Adequate proof would include the hotel bill(s) your organization paid or any other business record(s) certified by you to accurately show the taxes paid by your organization and the meeting or event for which the taxes were paid.

If you do not provide hotel bills and instead provide business record(s) showing the taxes your organization paid for a meeting or event, by signing below, you are attesting that the records submitted were: (1) prepared at or near the time of the meeting or event; (2) were kept in the course of your organization's regularly conducted activity; and (3) making the records was a regular practice of the organization.

IV. SIGNATURE

I declare under penalty of perjury that all of the information I have provided in this Claim Form is true and correct.

Signature

Date (MM/DD/YYYY)

Print Name

Provide Your Position With the Organization