Commonwealth of Massachusetts

Travel Authorization Form (TAF)

1. Date of Request	2. Travel Request #	3. Department/Division	4. DEPT/ORGN:	5. Appropriation #
04/13/26		Department of Revenue		

6. Name of Traveler	7. Title	8. Dates of Travel
Marikae Toye	Deputy GC	From: 04/16/26 To: 04/16/26

9. Travel Itinerary and Justification

Travel to Providence, RI for a one-day audit sharing meeting with NESTOA representatives. Agenda attached, the purpose of this meeting is to learn about the audit and enforcement techniques employed by other states.

Attached supporting documentation (conference agendas, brochures, etc.)

10. Expenses

	Personal Funds	MA State Funds	Federal Funds	Other (describe in #12)
Transportation: (check all that apply) ☐ Rail ☐Bus ☐Airfare ☑Car: ☐ State ☐Personal ☐Rental ☐Taxi ☑Other:		$ 90.00		
Lodging:				
Meals:				
Other: (please list):				
Subtotal	$ 0.00	$ 90.00	$ 0.00	$ 0.00

Grand Total: $ 90.00

11. Certifications and Authorizations (See G.L. c. 30, §25B)

I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct.

Signature of Traveler: /s/ Marikae Toye — Date: 4/13/2026

I hereby certify that sufficient funds are available for the above described travel accommodations.

Signature of Agency CFO: Timothy Rooney — Date: 04/13/2026

I hereby authorize the anticipated travel described above and related expenses listed in this form.

Signature of Traveler's Appointing Authority: /s/ Michael T. Fatale — Title: General Counsel — Date: 4/13/2026

I hereby authorize the anticipated travel described above and related expenses listed in this form.

Signature of the Traveler's Cabinet Secretary: Matthew J. Gorzkowicz — Date: 5/29/2026

12. Travel Funded By Private Entity, Foreign Government Entity, or Federally Recognized Tribe:

Travel Funded By Private Funds: ☐Yes ☐No

If Yes: $_____ Source (Contact Information):_____

TRAVEL FUNDED BY PRIVATE SOURCES MUST BE DISCLOSED TO AND AUTHORIZED BY APPOINTING AUTHORITY PURSUANT TO 930 CMR 5.08 (2)(d)(1). FOR THE APPROPRIATE FORM GO TO: https://www.mass.gov/disclosure-forms

13: Upon final approval, the Cabinet Secretary shall ensure that a copy of this form is distributed to:

☐ **A&F Budget Director & The Office of the Comptroller (please check once complete)**

NESTOA Auditor Sharing Meeting

Omni Providence Hotel

1 W Exchange St, Providence, RI 02903

Thursday, April 16th, 2026; 8:45 a.m. – 4:30 p.m.

Program*

8:45 – 9:00; **Meet and greet, introductions**

9:00 – 10:30; **Sales and use tax audit issues**

10:30 – 10:45; **Break**

10:45 – 12:00; **Corporate income tax audit issues**

12:00 – 1:30; **Lunch**

1:30 – 3:00; **General enforcement issues, including meals tax and marijuana enforcement**

3:00 – 3:15; **Break**

3:15 – 4:30; **Roundtable: topics not covered previously; run-over material from prior topics**

* Note program items and allotted times could change somewhat, particularly if suggested times run long or short