

TAX CERTIFICATION AFFIDAVIT

Date \_\_\_\_\_, 200\_\_

Name of Organization/Entity: \_\_\_\_\_

Address: \_\_\_\_\_

Principal Officers:	Name	Soc. Sec. No.	Title

Business Telephone No.: \_\_\_\_\_

Finance and Revenue Registration No.: \_\_\_\_\_

Federal Identification No.: \_\_\_\_\_

DUNS No.: \_\_\_\_\_ Contract No.: \_\_\_\_\_

Unemployment Insurance Account No.: \_\_\_\_\_

I hereby certify that:

- 1. I have complied with the applicable tax filing and licensing requirements of the District of Columbia.
- 2. The following information is true and correct concerning tax compliance for the following taxes for the past five (5) years:

District:		Current	Not Current
Sales and Use		( )	( )
Employment Withholding		( )	( )
Hotel Occupancy		( )	( )
Corporation Franchise		( )	( )
Unincorporated Franchise		( )	( )
Personal Property		( )	( )
Professional License		( )	( )
Arena/Public Safety Fee		( )	( )
Vendor Fee		( )	( )

- 3. If not current, as checked in item 2, I am in compliance with a payment agreement with the Department of Finance and Revenue.  
 Yes     No

Attach copy of the Agreement.

If outstanding liabilities exists and no agreement has been made, please attach a listing of all such liabilities.

The Department of Finance and Revenue also requires:

(A) Copies of FR-532 (Notice of Registration) or a copy of an FR-500 (Combined Registration Form)

(B) Copies of canceled checks for the last tax period(s) filed for each tax liability; i.e., sales and use, employer withholding, etc.

The District of Columbia Government is hereby authorized to verify the above information with appropriate Government authorities. The penalty for making false statements is a fine of not more than \$1,000.00, imprisonment for not more than 180 days, or both, as prescribed by D.C. Official Code §22-2405. The penalty for false swearing is a fine of not more than \$2,500.00, imprisonment for not more than three (3) years, or both, as prescribed in D.C. Official Code §22-2404.

\_\_\_\_\_  
Signature of Person Authorized to Sign This Document

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

Notary:                   DISTRICT OF COLUMBIA, ss:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ Month and Year

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_