

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF TAX AND REVENUE



TAX CERTIFICATION AFFIDAVIT

THIS AFFIDAVIT IS TO BE COMPLETED ONLY BY THOSE WHO ARE REGISTERED TO CONDUCT BUSINESS IN THE DISTRICT OF COLUMBIA.

Date: _____

Name of Organization/Entity: _____

Address: _____

Business Telephone No.: _____

Principal Officer: _____

Name: _____ Title: _____

Social Security No.: _____

Federal Identification 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:

	<u>Current</u>	<u>Not Current</u>	<u>Not Applicable</u>
District: Sales and Use	()	()	()
Employment Withholding	()	()	()
Ballpark Fee	()	()	()
Corporation Franchise	()	()	()
Unincorporated Franchise	()	()	()
Personal Property	()	()	()
Real Property	()	()	()
Individual Income	()	()	()

The Office of Tax and Revenue is hereby authorized to verify the above information with the appropriate government authorities. The penalty for making false statements is a fine not to exceed \$5,000.00, imprisonment for not more than 180 days, or both, as prescribed by D.C. Official Code § 47-4106.

This affidavit must be notarized and becomes void if not submitted within 90 days of the date notarized.

Signature of Authorizing Agent

Title

Print Name

Notary: DISTRICT OF COLUMBIA, ss:

Subscribed and sworn before me this _____ day of _____ Month
and Year

Notary Public: _____

My Commission
Expires: _____

Request for Taxpayer Identification Number and Certification

Give form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number								
or								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities**).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**District of Columbia
Office of Contracting and Procurement
Master Supplier Information Collection Template**

Vendor Name (Legal Name): _____

Vendor Number (I + Tax ID): 1 _____

Phone Number (including area codes and extensions): _____

General E-mail Address: _____

Website Address: _____

W9 Tax ID Number: _____

CBE?: Yes No CBE Number: _____ (Choose matching items for Supplier and Ownership Types).

Contact Name: _____

Contact E-Mail Address: _____

Supplier/Vendor Type: _____

Ownership Type: _____

Supplier/Vendor Type

1=DC Employee	4=Local Government	7=Other
2=Federal Agency	5=Vendor-Business	8=CBE
3=State Agency	6=Vendor=Individual	

Ownership Type

A=State Corporation	I=Individual Recipient	R=Foreign
C=Professional Corp.	L=CBE	S=Sole Ownership
E=State Employee	M=Medical Corporation	T=Partnership
F=Financial Institution	O=Out of State Corporation	U=Non-Profit
G=Government Entity	P=Professional Association	

Please fax in to 202-727-9183 when complete.

Mail Code = 000 = Supplier Headquarters Address (Cannot be a PO Box)

Address: _____

City: _____ State: _____ Zip Code: _____

Mail Code = 200 = Payment Remittance Address if Different from 000

Address: _____

City: _____ State: _____ Zip Code: _____

Mail Code = 300 = Purchase Order Address if Different from 000 (Cannot be a PO Box)

Address: _____

City: _____ State: _____ Zip Code: _____

ALL ITEMS IN THIS AREA MUST BE COMPLETED TO RECEIVE ELECTRONIC PURCHASE ORDERS

DUN & Bradstreet No. (DUNS): _____

(To apply for a your DUNS number call 1-800-234-3867 Required for all Email and Fax Purchase Order forwarding requests.)

ANID Number:

(Please register at <https://service.ariba.com/Supplier.aw>; You will not be able to receive your purchase orders by email or fax without this number.)

Do you want the purchase order forwarded by e-mail or fax? Email Fax

(Please choose only one)

Ordering E-Mail Address (Send Purchase Orders): _____

Ordering Fax Number (Send Purchase Orders): _____

Please note: The fax number is still required for Email orders

Does the Vendor Accept Purchase Cards: Yes No