

TAX CERTIFICATION AFFIDAVIT

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Date _____, 20 _____

Name of Organization/Entity: _____

Address: _____

Table with 4 columns: Principal Officers, Name, Soc. Sec. No., Title. Includes three rows of blank lines for entry.

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:

Table with 3 columns: District, Tax Type, Current, Not Current. Lists various taxes like Sales and Use, Employment Withholding, etc.

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. Penalty for making false statements is a fine of not more than \$1,000.00, imprisonment for not more than one year, or both, as prescribed in D.C. Code Sec. 22-2514. 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. Code sec. 22-2513.

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 _____