

TAX CERTIFICATION AFFIDAVIT

Individual Social Security Number State Identification Number Federal Identification Number

Company: _____

P.O. Box (if any): _____ **Street Address Only:** _____

City/State/Zip Code: _____

Telephone Number: _____ **Fax Number:** _____

List address(es) of all other property owned by company in Springfield: _____

State whether the applicant is a:

Corporation _____

Individual _____ **Name of Individual:** _____

Partnership _____ **Names of all Partners:** _____

Limited Liability Company _____ **Names of all Managers:** _____

Limited Liability Partnership _____ **Names of Partners:** _____

Limited Partnership _____ **Names of all General Partners:** _____

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided. Each section must be signed by an authorized agent of the entity and the FORM MUST BE NOTARIZED – SEE NEXT PAGE.

FEDERAL TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge and
(authorized agent) (applicant)
belief, has/have complied with all **United States Federal taxes** required by law.

Applicant Authorized Person's Signature Date: _____

CITY OF SPRINGFIELD TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge and
(authorized agent) (Applicant)
belief, has/have complied with all **City of Springfield taxes** required by law (or has/have entered into a Payment Agreement with the City).

Applicant Authorized Person's Signature Date: _____

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____
(authorized agent) (Applicant)

to my best knowledge and belief, has/have complied with all **laws of the Commonwealth of Massachusetts** relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

_____, BY: _____ Date: _____
Applicant Authorized Person's Signature

Notary Public

COMMONWEALTH OF MASSACHUSETTS

_____, ss. _____, 200__

Then personally appeared before me [name] _____, [title] _____
of [company name] _____, being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act and deed of [company name] _____.

Notary Public

My commission expires: _____

**YOU MUST FILL THIS FORM OUT COMPLETELY
AND
YOU MUST FILE THIS FORM WITH YOUR Application.**