

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number

State Identification Number

Federal Identification Number

Pursuant to M.G.L. Ch. 62c. sec. 49a.

Company: _____

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

City/State/Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

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

Please identify if the bidder/proposer/contractor 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 certification and have the signature(s) notarized on the lines below.

TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best
(Authorized Agent) _____ (Bidder/Proposer/Contractor)
knowledge and belief, has/have complied with all **United States Federal, Commonwealth of Massachusetts, and**
City of Springfield taxes required by law.

Date: _____

Bidder/Proposer/Contracting Entity Authorized Person's Signature

Notary Public

STATE OF _____, 2026

County of _____, ss.

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, SIGNATURES MUST BE NOTARIZED ON THIS FORM
AND YOU MUST FILE THIS FORM WITH YOUR BID/CONTRACT. TAX AFFIDAVITS THAT ARE NOT SIGNED AND
NOTARIZED WILL BE REJECTED.**