TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

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 Numb	per:
List address(es) of all other property ov	wned by company in Springfield:	
Please Identify if the bidder/proposer 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:	
(authorized agent)	FEDERAL TAX CERTIFICATI fy under the pains and penalties of perjury that (Bid itted States Federal taxes required by law.	
Bidder/Proposer	Date: Date:	
Biddei/i Toposei	CITY OF SPRINGFIELD TAX CERTI	FICATION
I, certification (authorized agent)	fy under the pains and penalties of perjury that	<u> </u>
belief, has/have complied with all Cit	y of Springfield taxes required by law(has/have ent	tered into a Payment Agreement with the City).
Bidder/Proposer	Authorized Person's Signature	
<u>(</u>	COMMONWEALTH OF MASSACHUSETTS TA	AX CERTIFICATION
Pursuant to M.G.L. c. 62C '49A, I, _	certify under the pain	s and penalties of perjury that
	(authorized agent) have filed all state tax returns and has/have complied	(Bidder/Proposer)
,,	-	
Bidder/Proposer	Authorized Person's Signature	

Notary Public

COMMONWEALTH OF MASSACHUSETTS

,SS.			
Then personally appeared before me [name]	,[title]		
of [company name]			
knows the contents thereof; and that the facts stated there	in are true of his/her own knowledge, and stated the foregoing to be his/her free ac	ct and	
deed and the free act and deed of [company name]	·································		
	Notary Public		
My commission	expires:		

YOU $\underline{\text{MUST}}$ FILL THIS FORM OUT COMPLETELY AND YOU $\underline{\text{MUST}}$ FILE THIS FORM WITH YOUR BID.