

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 Number: _____

List address(es) of all other property owned 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: _____

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.

FEDERAL TAX CERTIFICATION

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

Bidder/Proposer/Contracting Entity Authorized Person's Signature Date: _____

CITY OF SPRINGFIELD TAX CERTIFICATION

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

Bidder/Proposer/Contracting Entity _____
Authorized Person's Signature Date: _____

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C §49A, I, _____ (authorized agent) certify under the pains and penalties of perjury that _____ (Proposer), to my best knowledge and belief, has/have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Bidder/Proposer/Contracting Entity _____
Authorized Person's Signature Date: _____

Notary Public

STATE OF _____, 2021
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 PROPOSAL. TAX AFFIDAVITS THAT ARE NOT SIGNED AND NOTARIZED WILL BE REJECTED.

INCOME CERTIFICATION FORM

The following information must be supplied to the City of Springfield as a part of your proposal in response to the RFP. This information will be used in determining whether you will obtain ARPA funds, and the amount you may be awarded, and will be retained in the Department of Recovery and Business Continuity. The completion and submission of this form is required. NOTE: The following information is subject to verification by government officials.

Are you a Springfield resident? ____ Yes ____ No

What is your current residential address? _____

Are you a homeowner? ____ Yes ____ No

Please provide your total household income for your residence (total family income from all sources) over the previous twelve (12) months: \$ _____

Are you part of a minority group, as defined by the Commonwealth of Massachusetts in M.G.L. c. 7C § 6 [American Indian, African American/Black, Cape Verdean, Western Hemisphere Hispanic, Aleut, Eskimo, or Asian]? ____ Yes ____ No

CERTIFICATIONS

- I certify that I have the authority to submit this application and execute a grant agreement on behalf of the business entity listed.
- I certify that the grant will be used for business purposes only detailed in this application, and in accordance with the American Rescue Plan Act
- I certify that my business is in compliance with all laws of the Commonwealth of Massachusetts, pursuant to Massachusetts General Law, Chapter 62C, Section 49A (b).
- I certify that I am current with all local, state and federal taxes.
- I certify that my business is located within the City of Springfield and the business maintains all proper licenses and permits for operation.
- I certify that the information contained in this application and in the attached documents are true and accurate to the best of my knowledge and is provided for the purposes of obtaining a grant. I authorize The Department of Recovery and Business Continuity to make inquiries, as needed, to verify accuracy of this information.
- I certify that the information set forth in the proposal, to the best of my knowledge, is accurate and true.

Signed on this ____ day of _____, 20____, under the pains and penalties of perjury,

Name: _____

Title: _____

Date: _____