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 ow	ned 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 ce does not apply to you, write N/A in		lines below. Any certification that
	FEDERAL TAX CERTIFICATION	
(authorized agent)	fy under the pains and penalties of perjury that (Bidder/Propo nited States Federal taxes required by law.	
	Date:	
Bidder/Proposer	Authorized Person's Signature	
	CITY OF SPRINGFIELD TAX CERTIFICATI	<u>ION</u>
(authorized agent)	fy under the pains and penalties of perjury that (Bidder/Prop ty of Springfield taxes required by law (has/have entere	ooser)
Bidder/Proposer	Authorized Person's Signature	
	COMMONWEALTH OF MASSACHUSETTS TAX CE	RTIFICATION
Pursuant to M.G.L. c. 62C '49A, I,	PA, I, certify under the pains and penalties of perjury that	
•	ized agent) s/have filed all state tax returns and has/have complied	(Bidder/Proposer)
to my best knowledge and belief, lid.		
Bidder/Proposer	Date: Date: Date:	

Notary Public

COMMONWEALTH OF MASSACHUSETTS

,ss.	, 20	
Then personally appeared before me [name]	, [title]	
of [company name]	being duly sworn, and made oath that he/she has read the foregoing	
	e 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 a	ct and deed of [company name]	
	Notary Public	
My commission expi	res:	

YOU <u>MUST</u> FILL THIS FORM OUT COMPLETELY AND YOU <u>MUST</u> FILE THIS FORM WITH YOUR BID.