## TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security	Number State Iden	tification Number	Federal Identification Nu	ımber	
Pursuant to M.G.L. Ch. 62c. sec. 4	9a.				
Company:					
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 ow	ned by company in Springfield:				
Please identify if the bidder/proposer/con	atractor is a:				
Corporation	_				
Individual	Name of Individual:	2 -			
Partnership	nership Names of all Partners:				
Limited Liability Company Names of all Managers:					
Limited Liability Partnership Names of Partners:					
Limited Partnership	Names of all General Parti	ners:			
You must complete the following ce	rtification and have the signature(s	s) <u>notarized</u> on the lines belo	ow.		
	TAX CEI	RTIFICATION			
I,	certify under the pains a	and penalties of perjur	ry that	, to my best	
(Authorized Agent)			(Bidder/Proposer/Contra	ctor)	
knowledge and belief, has/ha City of Springfield taxes re		d States Federal, Co	mmonwealth of Massacl	<u>iusetts</u> , and	
City of Springheid taxes is	quired by law.				
Bidder/Proposer/Contracting Entity  Authorized Person's Signature  Date:					
Bidder/Proposer/Contracting Enti					
	<u>Nota</u>	ary Public			
STATE OF	ATE OF				
County of	,ss.				
Then personally appeared before me [name] contents thereof; and that the facts sta	, being duly sworn, and mad	,[title]e oath that he/she has read the	of [company e foregoing document, and knows	the	
			,		
	Nota	ry Public			
	My commission expires:				

YOU <u>MUST</u> FILL THIS FORM OUT COMPLETELY AND, SIGNATURES MUST BE NOTARIZED ON THIS FORM AND YOU <u>MUST</u> FILE THIS FORM WITH YOUR BID/CONTRACT. TAX AFFIDAVITS THAT ARE NOT SIGNED AND NOTARIZED WILL BE REJECTED.