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	<i>a</i> :	
Corporation		
ndividual	Name of Individual:	
Partnership	Names of all Partners:	
Limited Liability Company	Names of all Managers:	
imited Liability Partnership	Names of Partners:	
Limited Partnership	Names of all General Partners:	
does not apply to you, write N/A i	certifications and have the signature(s) notarized on in the blanks provided. <u>FEDERAL TAX CERTIFICATIO</u>	
(authorized agent)	rtify under the pains and penalties of perjury that(Bidd United States Federal taxes required by law.	, to my best knowledge and ler/Proposer)
Bidder/Proposer	Date: Date:	
Juden roposer	CITY OF SPRINGFIELD TAX CERTIFI	
(authorized agent)	rtify under the pains and penalties of perjury that(Bide City of Springfield taxes required by law(has/have enter	, to my best knowledge and der/Proposer) red into a Payment Agreement with the City).
Bidder/Proposer	Authorized Person's Signature	
	COMMONWEALTH OF MASSACHUSETTS TAX	K CERTIFICATION
Pursuant to M.G.L. c. 62C '49A, 1	I, certify under the pains a	
o my best knowledge and belief, h	(authorized agent) as/have filed all state tax returns and has/have complied	(Bidder/Proposer) with all state taxes required by law.
Bidder/Proposer	Authorized Person's Signature	

Notary Public

COMMONWEALTH OF MASSACHUSETTS

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____, 200___

,[title]
_, being duly sworn, and made oath that he/she has read the foregoing document, and
n are true of his/her own knowledge, and stated the foregoing to be his/her free act and

Notary Public

My commission expires:

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

,ss.