

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number _____

State Identification Number _____

Federal Identification Number _____

Pursuant to M.G.L. Ch. 62c, sec. 49a.

Company: _____

P.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 owned by company in Springfield: _____

Please identify if the bidder/proposer/contractor 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 certification and have the signature(s) notarized on the lines below.

TAX CERTIFICATION

I, _____, certify under the pains and penalties of perjury that _____, to my best
(Authorized Agent) (Bidder/Proposer/Contractor)
knowledge and belief, has/have complied with all United States Federal, Commonwealth of Massachusetts, and
City of Springfield taxes required by law.

Bidder/Proposer/Contracting Entity Authorized Person's Signature

Date: _____

Notary Public

STATE OF _____, 2025

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 BID/CONTRACT. TAX AFFIDAVITS THAT ARE NOT SIGNED AND
NOTARIZED WILL BE REJECTED.**