

ATTACHMENT E

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Chief Financial Officer
Office of Tax and Revenue**



TAX CERTIFICATION AFFIDAVIT

THIS AFFIDAVIT IS TO BE COMPLETED ONLY BY THOSE WHO ARE REGISTERED TO CONDUCT BUSINESS IN THE DISTRICT OF COLUMBIA.

Date: _____

Name of Organization/Entity: _____

Address: _____

Business Telephone Number: _____

Principal Officer:

Name: _____ Title: _____

Soc. Sec. Number: _____

Square _____ Lot _____

Federal Identification Number: _____

Contract Number: _____

Unemployment Insurance Account Number: _____

“I hereby authorize the District of Columbia, Office of Tax and Revenue, Office of the Chief Financial Officer; consent to release my tax information to an authorized representative of the District of Columbia agency from which I am seeking to enter into a contractual relationship with. I understand that the information released under this consent will be limited to whether or not I am in compliance with the District of Columbia tax laws and regulations as of the date found on the government request. I understand that this information is to be used solely for the purpose of determining my eligibility to enter into a contractual relationship with a District of Columbia agency. I further authorize that this consent be valid for one year from the date of this authorization.”

I hereby certify that:

- I am in compliance with the applicable tax filing and payment requirements of the District of Columbia.**

The Office of Tax and Revenue is hereby authorized to verify the above information with the appropriate government authorities. The penalty for making false statements is a fine not to exceed \$5,000.00, imprisonment for not more than 180 days, or both, as prescribed by D.C. Official Code § 47-4106.

Signature of Authorizing Agent

Title

Print Name