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	
Authorized Agent Name of Organization/Entity Business Address (include zip code) Business Phone Number	
Authorized Agent Principal Officer Name and Title Square and Lot Information Federal Identification Number Contract Number Unemployment Insurance Account No.	
release my tax information to an authorize seeking to enter into a contractual relation whether or not I am in compliance with the	Office of the Chief Financial Officer, Office of Tax and Revenue to I representative of the District of Columbia agency with which I am hip. I understand that the information released will be limited to District of Columbia tax laws and regulations solely for the purpose of intractual relationship with a District of Columbia agency. I further year from the date of this authorization.
·	n the applicable tax filing and payment requirements of the District of hereby authorized to verify the above information with the appropriate
Signature of Authorizing Agent	Title
The penalty for making false statement is a or both, as prescribed by D.C. Official Code	fine not to exceed \$5,000.00, imprisonment for not more than 180 days, §47-4106.