Attachment D

Tax Affidavit

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

THE DISTRICT OF COLUMNIA.		
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.		
hereby authorize the District of Columbia release my tax information to an authorize seeking to enter into a contractual relation whether or not I am in compliance with the determining my eligibility to enter into a country into a country of the contract	ed representative of the District of Colorship. I understand that the information of Columbia tax laws and recontractual relationship with a District e year from the date of this authorizates the applicable tax filing and payme	umbia agency with which I am on released will be limited to gulations solely for the purpose of of Columbia agency. I further tion.
Signature of Authorizing Agent	Title	
The penalty for making false statement is a prescribed by D.C. Official Code	·	onment for not more than 180 days,