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 OF THE DISTRICT OF COLUMBIA.	NLY BY THOSE WHO ARE REGISTER	RED TO CONDUCT BUSINESS IN
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.		
I 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 th determining my eligibility to enter into a cauthorize that this consent be valid for one	d representative of the District of Col ship. I understand that the informati e District of Columbia tax laws and re ontractual relationship with a District	umbia agency with which I am on released will be limited to gulations solely for the purpose of of Columbia agency. I further
I hereby certify that I am in compliance wir Columbia. The Office of Tax and Revenue i government authorities.		•
Signature of Authorizing Agent	Title	

The penalty for making false statement 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.