



District of Columbia Housing Authority
TAX CERTIFICATION AFFIDAVIT

The following affidavit is REQUIRED for all bids/offers over 100,000.00

Date _____

Name of Organization _____

Address _____

City _____ State _____ Zip Code _____

Principle Officers:

Business Phone Number: _____

DC Finance & Revenue Registration No.: _____

Federal Identification No.: _____

DUNS No.: _____ Contract No.: _____

Unemployment Insurance Account No.: _____

I hereby certify that:

1. I have complied with the applicable tax filing and licensing requirements of the District of Columbia.
2. The following information is true and correct concerning tax compliance for the following taxed for the past five (5) years.

District:	Current	Not Current
Sales and Use	<input type="radio"/>	<input type="radio"/>
Employer Withholding	<input type="radio"/>	<input type="radio"/>
Hotel Occupancy	<input type="radio"/>	<input type="radio"/>
Corporation Franchise	<input type="radio"/>	<input type="radio"/>
Unincorporated Franchise	<input type="radio"/>	<input type="radio"/>
Personal Property	<input type="radio"/>	<input type="radio"/>
Professional License	<input type="radio"/>	<input type="radio"/>
Arena/Public Safety Fee	<input type="radio"/>	<input type="radio"/>
Vendor Fee	<input type="radio"/>	<input type="radio"/>

I hereby certify that:

3. If not current as checked, in item 2, I am in compliance with a payment agreement with the District of Columbia Department of Finance and Revenue.

Yes No

If Yes, Attach copy of Agreement

If an outstanding liability exists, and no agreement has been made, please attach a listing of all such liabilities.

The District Department of Finance and Revenue also requires:

(a) Copies of Form FR-532 (Notice of Registration) or a copy of an FR-500 (Combined Registration Form)

(b) Copies of Canceled Checks for the tax period(s) filed for each tax liability; i.e., sales and use, employer withholding, etc.

The District of Columbia Housing Authority is hereby authorized to verify the above information with appropriate Government authorities. Penalty for making false statements is a fine of not more than \$1,000.00, imprisonment for not more than one year, or both, as prescribed in the D.C. Code Sec. 22-2514. Penalty for false searing is a fine of not more than \$2,500.00, imprisonment for not more than three years, or both, as prescribed in D.C. Sec. 22-2513.

Signature of Person Authorized

Title

Printed Name

Notary: DISTRICT OF COLUMBIA, as:

Subscribed and sworn before me this _____ Day of _____, _____
(month) (year)

at _____
City and State

Notary Public

My Commission Expires _____