

COMPANY NAME: _____

ADDRESS: _____

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

* Signature of Individual or
Corporate Name (Mandatory)

By: Corporate Officer
(Mandatory if applicable)

** Social Security Number or
Federal Identification Number

* Approval of contract or other agreement will not be granted unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency **will not have a contract or other agreement issued, renewed, or extended.** This request is made under the authority of Mass G.L. c62C, s.49A.

ACTS, 1983 – Chapter 233.

Section 36. Said chapter 62C is hereby further amended by inserting after section 49 the following section:

Section 49A (a). Any person applying to any department, board, commission, division, authority, district, or other agency of the Commonwealth or any subdivision of the Commonwealth, including a city, town, or district, for a right or license to conduct a profession, trade or business, or for the renewal of such right or license, shall certify upon such application, under penalties of perjury, that he has complied with all laws of the Commonwealth relating to taxes. Such right or license shall not be issued or renewed unless such certification is made.

Section 49A (b). No contract or other agreement for the purposes of providing goods, services, or real estate space to any of the foregoing agencies shall be entered into, renewed or extended with any person unless such person certifies, in writing, under penalties of perjury, that he had complied with all laws of the Commonwealth relating to taxes.