FORM 3 - TAX COMPLIANCE CERTIFICATION

To: TOWN OF HAMILTON TOWN HALL 577 BAY ROAD HAMILTON, MA 01936

From:	Fed ID#
Pursuant to M.G.L. c.	52C, § 49A, I certify under the penalties of perjury that, to the best of my
knowledge and belief, the abo	ve-named organization or person is in compliance with all laws of the
Commonwealth of Massachu	etts relating to taxes, reporting of employees and contractors, and
withholding and remitting ch	d support.
Date:	
	By: [name]
	[title]

Note: Your Federal Identification number will be furnished to the Commonwealth of Massachusetts Department of Revenue to determine whether all tax filing and tax payment obligations have been met.

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