

TOWN OF HAMILTON

TAX COMPLIANCE CERTIFICATE

The undersigned hereby certifies under the penalties of perjury that they, to the best of our knowledge and belief, have complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

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Social Security Number if an Individual

Or

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Federal Identification Number for a company

Signature of Individual

Print Name of Individual Signing

Corporate Name (if applicable)

By: _____
Corporate Officer Signature and print (if applicable)

Date: _____

Approval of a contract or other agreement will not be granted unless this certification clause is signed. Your social security number or tax identification 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 agreement issued, reviewed, or extended.** This request is made under the authority of Mass. G.L. 62C, S.49A.