

**DISTRICT OF COLUMBIA
DEPARTMENT OF EMPLOYMENT SERVICES
TAX CERTIFICATE AFFIDAVIT**

AGENCY USE ONLY

CONTRACT/GRANT SPECIALIST: _____

AGENCY: CHILD AND FAMILY SERVICES AGENCY

I HEREBY CERTIFY THAT:

- I have complied with the applicable tax law filing and licensing requirements of the District of Columbia.
- The following information is true and correct concerning the payment of my tax liability:

State: _____ Current _____ Not Current

Unemployment Insurance _____ Current _____ Not Current

In not current, as checked in item 2, I am in compliance with a payment agreement with the Department of Finance and Revenue and/or the Department of Employment Services:

Finance and Revenue:	_____	Yes	_____	No
Employment Services	_____	Yes	_____	No

My tax numbers are as follows:

DC Employer ID No: _____

Unemployment Insurance Account No: _____

DUNS No: _____

Federal ID (EIN) No: _____

The District of Columbia 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 such, as prescribed in DC Code Section 22-2514. Penalty for false swearing is a fine of not more than \$2,500.00, imprisonment for not more than three years, or both, as prescribed in DC Code Section 22-2513.

Signature of Person Authorized
To Sign This Document

Title

Print Name

Name of Organization

Subscribed and sworn before me this _____ day of _____
Month and Year

Notary Public

My Commission Expires: _____