

TAX CERTIFICATION FORM

I DO HEREBY CERTIFY THAT _____
(NAME OF CONTRACTOR)

(ADDRESS)

HAS PAID ALL SOCIAL SECURITY AND UNEMPLOYMENT TAXES AND ALL OTHER TAXES
IMPOSED BY ALL OTHER TAXES IMPOSED BY FEDERAL, STATE OR LOCAL GOVERNMENT
AUTHORITIES FOR

(NAME OF PROJECT)

(Signature of Affiant)

(Print Name)

(Title)

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of [_____] physical presence or
[_____] online notarization, this _____ day of _____,
20_____ by _____ (name of person making statement)

(Notary Seal)

(Signature of Notary Public)
(State of Florida)

Print, Type or Stamp Commissioned Name of Notary Public

Personally Known [_____] OR Produced Identification [_____] Type of Identification Produced _____