**FORM 021**

# TAX CERTIFICATION FORM

I DO HEREBY CERTIFY THAT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (NAME OF CONTRACTOR)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_

 Sworn to (or affixed) and subscribed before me this \_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 19\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Name of person making statement).

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ATTACH COPY)