



Tax Verification Form

Business Name: _____

Business Address: _____

Business Phone Number: _____

Business Email Address: _____

I certify under the penalties that I, to my best knowledge and belief, have filed all State Tax Returns and paid all State Taxes required under law.

*Signature of Individual or Business Name:

(Sign and Print) _____

By: Corporate Officer (if applicable):

**Federal Identification Number:

*This license will not be issued unless this certification clause is signed by the applicant.

**Your Federal ID Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.

This request is made under the authority of Mass. G.L. Chap. 62Cs. 49A