

**COMPLETE AND RETURN TO THE SELECTMEN'S OFFICE
WITH YOUR BID**

MASSACHUSETTS DEPARTMENT OF REVENUE
REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury 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 Corporate Name (Mandatory)

By: Corporate
Officer (Mandatory, If Applicable)

**Social Security # (Voluntary) or Federal Identification Number

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

** Will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees 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 Massachusetts General Laws Chapter 62C Section 49A.

**Town of Halifax
Invitation for Bids
Required Certifications**

1. **Certification of Good Faith:** Pursuant to section ten of chapter thirty B of the general laws, the following certification must be completed and attached to the bid or proposal:

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

Signed: _____
Name of person signing bid or proposal

Typed: _____
Name of business

Date: _____

2. **Certification that State Taxes are Filed and Paid:** Pursuant to section forty-nine A of chapter sixty-two C of the general laws, the following certification must be completed and attached to the bid or proposal:

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by law.

My Social Security number (voluntary) or Federal Identification number is:

_____ .

By: _____
Signature of Individual/Corporate Name (Mandatory)

By: _____
Corporate Officer (Mandatory, if applicable)

Approval of a contract or other agreement will not be granted unless this certification clause is signed by the applicant(s). Your Social Security 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 other agreement issued, renewed, or extended.

3. **Certification that Municipal Taxes are Filed and Paid:** The following certification must be completed and attached to the bid or proposal:

I certify that under the penalties of perjury that I, to my best knowledge and belief, have paid all municipal taxes required by law.

By: _____ By:: _____
Signature of Individual/Corporate Name (Mandatory) Corporate Officer (Mandatory, if applicable)

Approval of a contract or other agreement will not be granted unless this certification clause is signed by the applicant(s) Your name will be furnished to the Halifax Town Collector to determine whether you have met tax payment obligations. Providers who fail to correct their delinquency will not have a contract or other agreement issued, renewed or extended.

4. **Municipal Certification**

The undersigned certifies under penalties of perjury that no official or employee of the governmental body for which the attached solicitation is proposed is pecuniarily interested in this proposal or bid or in the contract which it offers to execute or in expected profits to arise therefrom; and further that no official or employee or said governmental body will receive any commission, discount, bonus, gift, contribution, or reward from or share in the profits of any person making or performing such contract. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

Signed: _____ Date: _____
Name of person signing bid or proposal

Typed: _____
Name of Business

TOWN OF HALIFAX
INVITATION TO BID
GASOLINE/DIESEL FUEL
BID SHEET - GASOLINE

Firm (Printed) _____

Person submitting bid _____

Signature _____

Address _____

Telephone number _____

GASOLINE	
OPIS Rack Average Price for Boston*	
Markup	
State Tax*	
Federal Tax*	
Total	

*must be "as of **May 1, 2022**"

TOWN OF HALIFAX
INVITATION TO BID
GASOLINE/DIESEL FUEL
BID SHEET - DIESEL

Firm (Printed) _____

Person submitting bid _____

Signature _____

Address _____

Telephone number _____

DIESEL	
OPIS Rack Average Price Boston*	
Markup	
State Tax*	
Total	

*must be "as of **May 1, 2022**"