



Business Licensing
BusinessLicensing@bridgewaterma.org

Municipal Office Building
66 Central Square
Bridgewater, MA 02324
508-697-0919

DATE: _____

SUBJECT: **STATE TAX AFFIDAVIT** _____

Please sign the affidavit below as required by State Law. Note that the inclusion of a Federal Identification Number or Social Security Number is voluntary.

.....

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

* Signature of Individual

* By Corporate Officer

** Social Security # (*Voluntary*)

** Business Federal Identification Number

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

** Your social security number/Federal ID 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 Law, Chapter 62C, Section 19A.