

## IRS TAX COMPLIANCE CERTIFICATION

PART 1: TO BE COMPLETED BY APPLICANT			
<b>Applicant Name (Last, First, Middle Initial):</b> _____ <b>Check One:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Authorized Tax Matters Person	<b>Social Security Number (SSN):*</b> _____		
<b>Business Name:</b> _____	<b>Employer Identification Number (EIN):</b> _____		
<b>DBA (Doing Business As), if applicable:</b> _____			
<b>Have you done business under any other business name or employer identification number (EIN)?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>(If yes, list names and EIN numbers):</b> NAME: _____      EIN: _____ NAME: _____      EIN: _____			
<b>Address (Street, City, State, Zip Code):</b> _____ _____ _____	<b>Daytime Telephone:</b> _____  <b>FAX Number:</b> _____		
<b>Type of Business: (Check one for each applicant)</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) _____ <b>Did you have employees working for you in the past 12 months?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes   Number: _____ <b>Do you expect to have employees working for you in the next 12 months?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes   Number: _____	<b>MAILING ADDRESS</b>  <b>Internal Revenue Service EG: 2315</b> <b>Attn: A. Gaylord</b> <b>M/S 0105</b> <b>1220 SW 3<sup>rd</sup> Ave., Suite G044</b> <b>Portland, OR 97204-2827</b>  <b>Telephone: (503) 265-3743</b> <b>FAX: (503) 227-5594</b>		
PART 2: THIS SECTION TO BE COMPLETED IN FULL BY IRS STAFF ONLY			
	YES	NO	\$ AMOUNT
<b>Outstanding Liability</b>	_____	_____	_____
<b>Returns Filed:</b>			
<b>Payroll (941, 940, 943)</b>	_____	_____	
<b>Individual Income Form (1040)</b>	_____	_____	
<b>Corporation (Form 1120)</b>	_____	_____	
<b>Other (Specify) _____</b>			
<b>COMPLIANCE CERTIFICATION BY IRS:</b>  <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON-COMPLIANT			
<b>Signature of IRS Certifying Official</b> _____ <b>DATE:</b> _____			

**\*Privacy Act Statement:** The submission of your social security number if voluntary. It will be used only for identification purposes to facilitate your application for a labor contractor's license. Failure to provide it may result in a delay of the application process.