## SWORN STATEMENT OF TAX RETURN SUBMISSION FOR THE CITY OF AUSTIN MBE/WBE PROCUREMENT PROGRAM\*

Firm Name:				
Vendor Number:				
appropriate, for the y new or continuing eli review, I understand keeping copies of the provided to SMBR st time by representativ	gibility for the City of Austine that SMBR may take limited returns themselves. I furthaff are true and correct. It was of the City of Austin. If	, to SMB n MBE/WBE Procure ed written notes from her certify that all info understand that all do a request is made by	ousiness or personal tax returns, as R for inspection and review to determine ment Program. In connection with that these tax returns for their files in lieu of formation and statements that I have ocuments may be subject to re-review at any the City to review such documents, I within five (5) business days.	
Printed Name		Signatur	Signature	
	(month	n), 20 (year).		
Notary Seal/Stamp			Notary Signature	
applicant to determin According to the doc	d by my signature below, to new or continuing eligibing uments provided, the annual street the contract of the	lity for the City of Aus all gross receipts of t	and reviewed the tax return(s) provided by the stin MBE/WBE Procurement Program. he applicant and its affiliates are as follows:	
Year of Tax Return	Gross Receipts	NAICS Code	Total Gross Receipts: \$	
			Three (3) Year Average:	
Printed Name of SN	IBR Staff Member	Signatu	re of SMBR Staff Member	

\*THIS FORM WILL NOT BE ACCEPTED FOR PARTICIPANTS IN THE FEDERAL DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM IN COMPLIANCE WITH DBE STANDARDS SET FORTH IN 49 CFR PART 26.