



City of Austin

Founded by Congress, Republic of Texas, 1839

Small & Minority Business Resources Department, Certification Office, 4201 Ed Bluestein Blvd. Austin, TX 78721

Mailing Address: PO Box 1088, Austin, TX 78767-1088, Telephone (512) 974-7645

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

Firm Name: _____

Vendor Number: _____

I certify, as evidenced by my signature below, that I have provided business or personal tax returns, as appropriate, for the year(s) _____, to SMBR for inspection and review to determine new or continuing eligibility for the City of Austin MBE/WBE Procurement Program. In connection with that review, I understand that SMBR may take limited written notes from these tax returns for their files in lieu of keeping copies of the returns themselves. I further certify that all information and statements that I have provided to SMBR staff are true and correct. I understand that all documents may be subject to re-review at any time by representatives of the City of Austin. If a request is made by the City to review such documents, I understand these documents must be provided to SMBR for review within five (5) business days.

Printed Name

Signature

Subscribed and sworn to before me, the undersigned notary public, on this _____ (day) of _____ (month), 20____ (year).

Notary Seal/Stamp

Notary Signature

SMBR Certification Staff Member

I certify, as evidenced by my signature below, that I have inspected and reviewed the tax return(s) provided by the applicant to determine new or continuing eligibility for the City of Austin MBE/WBE Procurement Program. According to the documents provided, the annual gross receipts of the 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 SMBR Staff Member

Signature of SMBR Staff Member

Subscribed and sworn to before me, the undersigned notary public, on this _____ (day) of _____ (month), 20____ (year).

Notary Seal/Stamp

Notary Signature

***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.**

*The City of Austin is committed to compliance with the Americans with Disabilities Act.
Reasonable modifications and equal access to communications will be provided upon request.*