

Attachment 1

City of Detroit / Civil Rights, Inclusion & Opportunity
Application of Certification
Page 14

Request For Income Tax Clearance

REQUESTING DEPARTMENT / DIVISION: Department of Civil Rights, Inclusion & Opportunity (CRIO)

| | E-MAIL ADDRESS: | | , | |
|--|---|--|---------------------------------|----------------------|
| CONTACT NAME: | | FA> | | |
| | | rior to submitting bid or expi | | ************* |
| To: A. City of Detroit Income Tax Division Coleman A. Young Municipal Center 2 Woodward Avenue, Suite 106 Detroit, M1 48226 Phone: (313) 224-3328 or 224-3329 Fax: (313) 224-1901 | For: I ndividual or Company Na Address <i>[20</i> 12 | | | |
| Email: IncomeTaxClearance@DetroitMi.gov | State | (10/119MA ZI) 491-5500 FA | Code 48227 | 2 |
| Employer Identification or Social Security Number College Spouse Social Security | | 81.5500 512 | | |
| Nature of Contract VACIOUS.S | | BID CONTRACT AMOUNT (if known): Labor: \$ Material: \$ Contract # (if known) | | |
| C. ALL QUESTIONS MUST BE ANSWERED T MAY RESULT IN A DENIAL OF INCOME | O EXPEDITE APPRO | VAL PROCESS. ANY QU | JESTION NOT A | NSWERED |
| Check One: | Corporation | Partnership | rtnership | |
| INDIVIDUALS ANSWER QUESTIONS 1, 2, 3, 4. 1. Have you filed joint returns with spouse during the last 2. Are you a student and/or claimed as a dependent on so 3. Were you employed during the last seven (7) years? 4. Were you a resident of Detroit during the last seven (7) | et seven (7) years? (If yes, omeone else's tax return | | Yes C | No No No No |
| CORPORATIONS AND PARTNERSHIPS ANSY 5. Is the company a new business in Detroit? If yes, after 6. Will the company have employees working in Detroit? 7. Will the company use sub-contractors or independent D. FO | h Employer Registration (I | Form (DSS-4)? | | A No No No |
| Has the employer/employee complied with the pro Yes No Signature Comp. Signature | visions of the City Inco | Date Date Date AX FORMS AT: www.Detre | Expires Expires bitMi.gov | |