

THE COMMONWEALTH OF MASSACHUSETTS  
Department of Early Education and Care

**TAX CERTIFICATION STATEMENT**

TAX CERTIFICATION FORM

Pursuant to St.1983, c.233, Revenue Enforcement and Protection Program (REAP), I certify under the penalties of perjury that I, to my best knowledge and belief, have filed state tax returns and paid all state taxes required under law.

Program Name: \_\_\_\_\_

Corporate Name (if different): \_\_\_\_\_

Social Security Number or Federal ID Number: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Corporate Officer or Designee)

\_\_\_\_\_  
(Date)