**No Overdue Tax Debts Certification**

**Place on Organization’s Letterhead**

**[Date of Certification (mmddyyyy)]**

To: Office of State Budget and Management, Director and Chief Fiscal Officer

**Certification:**

We certify that the *[insert organization’s name]* has no overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level.

**Sworn Statement:**

[Name of First Authorizing Official] and [Name of Second Authorizing Official], being duly sworn, say that we are the [Title of First Authorizing Official] and [Title of the Second Authorizing Official], respectively, of [insert name of organization] of [City] in the State of [Name of State]; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

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[Title of First Authorizing Official]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Title of Second Authorizing Official]

Sworn to and subscribed before me on the day of the date of the said certification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires: \_\_\_\_\_\_\_\_\_\_

(Notary Signature and Seal)