

**Allegheny County Department of
Minority/ Women/ Disadvantaged Business Enterprise
Small Business Development and Technical Assistance Program**

Tax Compliance Form

The following information is assist us in ascertaining that your company is not delinquent on any state and/or federal taxes. Please complete and sign this form in order to authorize Exico, Inc. to submit a tax compliance verification request.

Company Name: _____

Federal ID: _____ E-mail: _____

Name of Owner/Principal: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

Date: _____ Signature: _____