CITY of HICKORY
Intent to Award

Project Title: *Bid Number:*

SALES TAX CERTIFICATION

INSTRUCTIONS:

1. Save blank copies of this certification if awarded the project; Certification to be completed and submitted with each invoice sent to the City
2. All completed certifications should be notarized at the time of completion; if there is no sales tax to report, then write "*Labor Only*" across the form and submit
3. All columns should be totaled at the bottom of the form
4. Incomplete forms will not be accepted and contract payment may be delayed.
5. It is very important that the sales tax is broken down between the applicable state and county portions; and that the name of the county (in which point of delivery occurred) be stated correctly.

DESCRIPTION OF COLUMNS:

Vendor	Name of the company to which the sales tax was actually paid
Address	Address of the company to which the sales tax was paid
Invoice	Invoice Number
Date	Date of the Invoice
Net Amount	*Net* amount of the invoice (excluding tax)
State Tax	Amount of sales tax for North Carolina
County Tax	Amount of sales tax for the county
Special Tax	Amount of special sales tax paid to counties (only Mecklenburg, Durham, & Orange counties → 0.5%)
County Name	The name of the county which the goods changed hands

For questions please call 828-323-7470

SALES TAX CERTIFICATION FORM ON NEXT PAGE

CITY of HICKORY
Intent to Award

Project Title: *Bid Number:*

SALES TAX CERTIFICATION FORM

Company Name _____ Period Covered _____

Vendor	Address	Invoice #	Date	Net Invoice Amount	4.75% State Tax	2.25% Catawba Tax	2.25% Alexander Tax	0.5% Special Tax	Other:	County Name
			TOTALS:							

_____ being duly sworn, certifies that the foregoing statement of sales tax paid in connection with the referenced contract does not contain sales or use taxes paid on purchases of tangible personal property purchased by such contractors for use in performing the contract which does not annex to, affix to, or in some manner become a part of the building or structure being erected, altered, or repaired for the governmental entities as defined by G.S. 105-164.14(c), and is to the best of his/her belief true and correct.

Sworn to and subscribed before me this _____ day of _____ , 20 _____.

_____
Signature

_____
Printed Name

_____
Title

_____
Date

_____ SEAL:
Notary Public

_____
Date