

The Affidavit of Income serves as a **temporary** proof of annual receipts submittal when the Federal Income Tax Return for the **most recently completed tax year** has not yet been filed.

## INSTRUCTIONS:

**Small Business** applicants must submit **all** of the following to the OSDS:

- The completed sections A, B, and D of the Affidavit of Income.
- Attach a copy of the valid IRS tax filing extension(s), if applicable.
- A copy of Business Income/Financial Statements for the applicant and any applicable affiliate firms if the combined Gross Annual Receipts average more than 12.5 million in the previous three tax years.

**DVBE** applicants must submit to the OSDS:

- The completed sections A, C, and D of the Affidavit of Income
- Attach a copy of the valid IRS tax filing extension(s), if applicable.

## ALL FIRMS:

Must replace their submitted Affidavit of Income with a hardcopy of the Federal Income Tax Return for the applicant (and each affiliate if applying for small business certification) within the following timeframes (*which ever occurs first*):

- Within 90 days of certification, or
- Within two weeks of a tax filing extension's expiration (when a tax filing extension has been granted), or
- When the tax return is filed with the Internal Revenue Service (IRS)

**IMPORTANT!** Failure to provide the Federal Income Tax Return(s) may result in the discontinuance of the applicant's Small Business and/or Disabled Veteran Business Enterprise (DVBE) status.

### A. BUSINESS NAME (ALL APPLICANTS)

APPLICANT'S NAME	CERTIFICATION ID
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### B. SMALL BUSINESS APPLICANTS (ATTACH ADDITIONAL PAPER, IF NECESSARY)

FOR THE APPLICANT AND EACH AFFILIATE (IF ANY), ENTER THE GROSS ANNUAL RECEIPTS (LESS RETURNS AND ALLOWANCES) THAT IS EXPECTED TO BE REPORTED ON THE BUSINESS' FEDERAL INCOME TAX RETURN FOR THE MOST RECENTLY COMPLETED TAX YEAR.

	BUSINESS NAME	FROM TAX YEAR START (MM/DD/YY)	TO TAX YEAR END (MM/DD/YY)	GROSS ANNUAL RECEIPTS LESS RETURNS AND ALLOWANCES
1	APPLICANT			\$
2	AFFILIATE 1			\$
3	AFFILIATE 2			\$

**C. DVBE APPLICANTS**

AS THE APPLICANT'S QUALIFYING DISABLED VETERAN, I ATTEST THAT THE OWNERSHIP INFORMATION TO BE REPORTED ON MY BUSINESS' INCOME TAX RETURN(S) FOR THE MOST RECENTLY COMPLETED TAX YEAR WILL CONFIRM THAT THERE HAS BEEN NO CHANGE IN PERCENTAGE OF DISTRIBUTION OF PROFITS OR LOSSES AS DECLARED IN MY MOST RECENT CERTIFICATION APPLICATION ON FILE WITH THE OFFICE OF SMALL BUSINESS AND DVBE SERVICES.

QUALIFYING DISABLED VETERAN'S SIGNATURE	QUALIFYING DISABLED VETERAN'S PRINTED NAME	DATE
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**D. REQUIRED SIGNATURE (ALL APPLICANTS)**

ANY PERSON THAT WILLFULLY PROVIDES FALSE INFORMATION IS SUBJECT TO SERIOUS PENALTIES. THE SIGNATORY OF THIS DOCUMENT MUST BE THE APPLICANT FIRM'S OWNER (OR OFFICER, IN THE CASE OF A CORPORATION) AND HEREBY CERTIFIES THAT HE/SHE HAS READ AND UNDERSTANDS THAT THE APPLICANT MEETS THE APPLICABLE SMALL BUSINESS AND/OR DVBE CERTIFICATION REQUIREMENTS UNDER GOVERNMENT CODE SECTION 14835 ET SEQ., AND/OR MILITARY AND VETERANS CODE SECTION 999 ET SEQ., AND CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTION 1896 ET SEQ., AND THAT THE FOREGOING STATEMENT AND ALL INFORMATION HEREIN IS TRUTHFUL AND ACCURATE. *I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.*

OWNER'S OR CORPORATE OFFICER'S SIGNATURE	OWNER'S OR CORPORATE OFFICER'S PRINTED NAME	DATE
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