



MADISON COUNTY COMMISSION

Finance Department

100 Northside Square

Room 700

Huntsville, AL 35801

INVITATION TO BID

Bid Date	Bid Number	Bid Title	Bid Opening Date and Time
10/7/2020	2020-43	Printing and Mailing of Notices for the Madison County Sales Tax Department	10/21/2020 2:00 PM

Please submit a sealed price quotation of the items listed herein. (Faxed bids will not be accepted.) The submissions will be addressed to Madison County Purchasing; 100 Northside Square, 7th Floor; Huntsville, AL 35801 until the date and time shown above, and publicly opened on date specified above.

The Madison County Commission reserves the right to award this bid on an all-or-none or item by item basis, to refuse all bids, and to waive technicalities.

Technical questions regarding this bid should be directed to Kevin Caputo or Terisa Lang at kcaputo@madisoncountyal.gov or tlang@madisoncountyal.gov

Procurement questions should be directed to Chrissy Watson at cwatson@madisoncountyal.gov

Vendor Name must show on envelope along with the bid number and opening date.

Each numbered bid must be in a separate envelope.

All documents submitted to Madison County will be subject to Alabama's Open Records Laws (Code of Alabama, Title 36-12-40 and 41, as last amended). Due to the provisions of the Open Records Laws and the Competitive Bid Laws, the Madison County Commission cannot assure any Bidder that any information submitted with the bid, even though marked "Proprietary" will not be open to public inspection and copying.

Terms of payment _____

I hereby affirm that I have not been in any agreement or collusion among vendors or prospective vendors in restraint of freedom of competition, by agreement to bid at a fixed price or to refrain from bidding, or otherwise.

COMPANY NAME: _____

THIS BID MUST BE NOTARIZED.

Subscribed and sworn to before

SIGNATURE: _____

Me this _____ day of
_____ 20____.

PRINT NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

Chrissy Watson
Purchasing

FEDERAL ID#: _____

Madison County Commission
Awarding Authority

DATE: 10/7/2020

GENERAL CONDITIONS AND INSTRUCTIONS

1. Bid number must appear on the outside of the bid envelope.
2. No oral, telephonic, facsimile, e-mailed modifications or alternate bids will be considered. Bids from firms, individuals, or the same owners of separate companies submitting more than one bid will not be considered.
3. Bidders must submit an original and one (1) copy of its bid. Incomplete and/or irregular bids may be subject to rejection. The following forms **must** be submitted:
 - a) **Invitation to Bid Response Form** (included in bid packet)- must be completed in its entirety, signed by an authorized agent of the company and **notarized**. Bid forms that are not signed will be disqualified. All submissions must be printed or written in ink.
 - b) **Bid Detail Form (if included in bid packet)** – must be signed by person completing form.
 - c) **Bid Specification Sheet** (included in bid packet) – each specification must be initialized to indicate acknowledgement.
 - d) **Business License** – a copy of a current City of Huntsville business and Madison County Business License, if required by law, and shall be current on payment of all city and county sales taxes. If vendor is not required to have a City of Huntsville Business License or a Madison County Business License, vendor must specify why a license is not required.
 - e) **Sworn Affidavit of Employer Regarding Unauthorized Aliens** (included in bid packet)
 - f) **Sworn Affidavit of Subcontractor Regarding Unauthorized Aliens** (included in bid packet)
 - g) **E-Verify Memo of Understanding** (available on E-Verify website after registration)
 - h) **Certificate of Insurance**
4. Shipping shall be F.O.B., Destination. Delivery address will be specified in the awarded Purchase Order.

BID SPECIFICATIONS FOR PRINTING AND MAILING OF NOTICES FOR THE MADISON COUNTY SALES TAX DEPARTMENT

Madison County Sales Tax Department
100 North Side Square
Huntsville, AL 35801

BID AWARD TERM:

This bid will be for the mailing of packets to each of the account holders of the Madison County Sales Tax Department. The packets shall be mailed no sooner than December 28, 2020, but no later than January 5, 2021.

GENERAL SPECIFICATIONS:

- Vendors will bid on the following Sales Tax Department mailing.
 - Sales Tax Department packets shall be mailed to each individual taxpayer no sooner than December 28, 2020, but no later than January 5, 2021.
- Vendor must provide proof of each Sales Tax Department document to be mailed.
- Proof will be reviewed and approved by the Sales Tax Director to ensure accuracy.
- A packet is composed of five items – cover letter, application, frequently asked questions, tax return, and an envelope.
- Each bidder must provide one copy of their fully submitted bid. A digital copy (CD or thumb drive) of the pricing table is requested but is not a requirement for bidding and will have no impact on award.

REQUIREMENTS:

I. SERVICE COMPANY EXPERIENCE

- i. The service company must have proven printing experience in mailing tax department mailings with multiple pages.
- ii. The service company must provide a dedicated primary contact to work with us during the initial setup phase, testing, and throughout the actual mailing phase. The contact person should contact us immediately after the mailing to review details, volumes, the accuracy of job performance, and to verify customer satisfaction.
- iii. The company must have sufficient facilities to provide full backup should one facility be off-line and must have a comprehensive disaster recovery plan in place.
- iv. Preference may be given to bidders who are providing like services to at least one other Alabama county, as familiarity with State requirements for forms is imperative.
- v. Bidder should be within driving distance from the Madison County Sales Tax Department located at 819 Cook Avenue, Huntsville, AL 35801, to

allow for onsite visits by the taxing authority for purposes of inspection or other potential meetings.

- vi. The company should have a confidentiality policy of all transmitted documentation from the Sales Tax Department.

II. PACKETS / DOCUMENTS

- i. Printing, document insertion, and mailing shall all be performed by the bidder. No sub-sourcing is permitted.
- ii. The specifications for each individual item to be included as part of the packet is as follows:
 - 1. **Cover letter (Appendix A)** should be printed in color on white 8.5" x 11", 20# copy paper. Taxpayer information would need to be inserted into the file when printed.
 - 2. **Frequently Asked Questions (Appendix B)** should be printed in color on white 8.5" x 11", 20# copy paper.
 - 3. **Application (Appendix C)** should be printed on white 8.5" x 11", duplex print, 20# copy paper. The front of the form is to be printed in color and the back of the form is to be printed in black. See the sample for the amount of color to be included with the form.
 - 4. **Tax Return (Appendix D)** should be printed on pastel yellow 8.5" x 11", duplex print, 20# copy paper. The front of the form is to be printed in black and the back of the form is to be printed in gray. Taxpayer information would need to be inserted into the file when printed.
 - 5. **Envelope (Appendix E)** Each of the items listed above (1-4) are to be inserted into a #10 window outgoing envelope with the taxpayer's name and mailing address visible. The Department's return address is to be placed in the upper left-hand corner of the envelope.
- iii. Once the bid is awarded, the selected vendor will be provided with electronic files which are to be used for the printing of the documents.
 - 1. The documents included in Appendices A-E with this bid packet are mere samples.
 - 2. The order of the documents is to be determined.

III. ELECTRONIC DATA

- i. Data will be provided electronically via a .CSV file. Bidder must be capable of using this file format to generate the mailing.
- ii. All bidders must have data security and record retention processes in place and be able to provide evidence of such upon request.

IV. MAILING

- i. The mailing shall be mailed no sooner than December 28, 2020 but no later than January 5, 2021.
- ii. Bidders must have capability of postal automation to allow for mail sorting that qualified for USPS discounted rates.
- iii. Existing agreements with USPS that expedite processing are considered for award.

V. FEE PRICING

- i. No setup charges are allowed to be billed. Any realized setup cost should be incorporated into the unit price.
- ii. No markup on postage fees will be allowed. Postage will be billed at cost and documenting of postage fees for each printing will be provided.
- iii. Pricing should include the cost of rendition, envelope processing, printing, collating, folding, inserting, preparation, and delivery to the USPS.

<u>BID TABLE</u> Sales Tax Department Mailing (printed, inserted, mailed)	
Bid Price Per Packet:	\$

ALL VENDORS PLEASE NOTE

Addenda: Bidders must periodically check the County's website for any addenda issued for this procurement. Madison County will not be responsible for a bidder's failure to acquire any addenda issued. The Bidder acknowledges receipt of the following addenda, if applicable:

www.madisoncountyal.gov



Madison County Sales Tax Department

Mailing Address:
100 North Side Square
Huntsville, AL 35801

Phone (256) 532-3498 – Fax (256) 532-3760

www.madisoncountyal.gov

Physical Address:
819 Cook Avenue
Huntsville, AL 35801

KEVIN CAPUTO
Director

<Date>

<Taxpayer Name>

<Contact Name>

<Taxpayer Address 2>

<Taxpayer City>, <State> <Zip>

Dear Madison County Account Holder:

Over the course of the next 12 months, the Sales Tax Department will be transitioning to a new taxpayer management program that will allow the Department to better meet the needs of each individual account holder.

As part of the change, please note the following:

- **Updating account information:** We are updating every account with current taxpayer information. Attached is a blank application. **Please complete in full and return back to the Department on or before March 31, 2021.**
- **Return Booklets:** The Department will no longer automatically be mailing out paper booklets. In lieu of paper booklets, please find attached a return you may copy, and use should you decide to file on paper. **NOTE: This return may be used for the first part of 2021. It is expected that that in the Spring of 2021, the Department will send out an updated return that is to be used with its new taxpayer management program.**
- **XXXXX:** The Department's XXXXX online filing option will no longer be available after the close of business on January 31, 2021.
- **New location:** The Sales Tax Department will be moving to the new Madison County Service Center located at 1918 North Memorial Parkway in Huntsville. It is expected the Department will be moved into its new location sometime between January 1, 2021, and February 28, 2021.

Attached with this mailing is a Frequently Asked Questions document. Please review this document as it addresses many of the questions that an account holder may have.

If you have any further questions or desire additional information, please call the Madison County Sales Tax Department at 256-532-3498 Monday through Friday 8:00 a.m. to 4:30 p.m. and leave a voicemail in our general mailbox.

Sincerely,

Kevin Caputo
Sales Tax Director



Madison County Sales Tax Department

KEVIN CAPUTO
Director

FAQ

FREQUENTLY ASKED QUESTIONS

➤ **New Taxpayer Management Program**

- **Why is the Department updating to a new taxpayer management program?**
 - The Department's existing program is over 30 years old. The new program will enable the Department to better meet the needs of each individual account holder.
- **When will new program go live?**
 - The new program is expected to go live on July 1, 2021.

➤ **XXXXX**

- **XXXXX will no longer be available after the close of business on January 31, 2021, is there another program that would allow our company to file online?**
 - **YES.** The Alabama Department of Revenue's ONE SPOT program.
- **How do I register to file on ONE SPOT?**
 - Go to <https://revenue.alabama.gov/sales-use/one-spot/> OR call the Alabama Department of Revenue at either 334-242-1490 or 1-866-576-6531.

➤ **Application**

- **Why is an email address being requested?**
 - This will allow the Department to communicate with its taxpayers in a more timely manner.
- **Why am I being asked for my State of Alabama local tax account number?**
 - This will allow the Department to ensure that any taxes filed on ONE SPOT with an incorrect Madison County account number are properly credited to your account.
- **Can I email back my completed application?**
 - Yes, it can be emailed back to salestax@madisoncountyal.gov. However, the Department does ask that the original application still be mailed in.
- **We have questions about filling out the application, how can these be answered?**
 - Call 256-532-3498 and leave a message in our general mailbox or email your questions to salestax@madisoncountyal.gov. Each question will be answered in a timely manner.

➤ **Tax Return**

- **Are we required to file on a paper return?**
 - **NO.** A vast majority of our taxpayers already file online. If you are already doing so, you may continue.
- **I only have 1 return. I need more returns.**
 - The enclosed return can be copied.
WHENEVER THIS FORM IS USED, BE SURE TO FILL IN THE PERIOD FOR WHICH IT COVERS
- **I don't have a copier. Can I receive more returns from the Department?**
 - Yes. Call the Department at 256-532-3498 and leave a message in our general mailbox OR email the Department at salestax@madisoncountyal.gov.
- **Can I use this return for all of 2021?**
 - **NO.** This return may be used until the Department sends out another return that is to be used with its new taxpayer management program. This return will be mailed in the Spring of 2021.
- **Where can I find my Madison County account number?**
 - Your Madison County account number can be found on the enclosed yellow tax return.



Madison County Sales Tax Department Combined Registration/Application

FOR OFFICE USE ONLY

S & U ACCOUNT # _____

GAS ACCOUNT # _____

B & W ACCOUNT # _____

SECTION A – APPLICANT INFORMATION:

LEGAL NAME OF APPLICANT, EMPLOYER, CORPORATION, PARTNERSHIP, TRUST, ETC.

TRADE NAME, DBA NAME(S) OR DIVISION (IF DIFFERENT FROM ABOVE)

BUSINESS LOCATION CITY STATE ZIP COUNTY

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

BUSINESS TELEPHONE NUMBER FAX NUMBER

CONTACT NAME CONTACT TELEPHONE NUMBER EMAIL ADDRESS

ADDRESS WHERE BUSINESS RECORDS ARE KEPT IF DIFFERENT FROM BUSINESS ADDRESS CITY STATE ZIP

EFFECTIVE DATE FEDERAL EMPLOYER ID NUMBER (FEIN) STATE ISSUED LOCAL TAX ACCOUNT NUMBER

SECTION B – BUSINESS INFORMATION:

TYPE OF OWNERSHIP: (PROOF MAY BE REQUIRED)

- Proprietorship Partnership Corporation Limited Liability Partnership
- Single Member LLC Multi Member LLC Governmental Agency Professional Association Other

NATURE OF BUSINESS:

- Manufacturing Service Wholesale Contractor Retail Both Wholesale/Retail Other

BUSINESS ACTIVITY:

TAXES TO REGISTER FOR ON THIS APPLICATION:

- Sales Tax Consumers Use Tax Seller's Use Tax Gas Tax Beer & Wine Tax Tobacco Stamps

NAME, ADDRESS, TELEPHONE NUMBER, AND ACCOUNT NUMBER OF PREVIOUS OWNER(S):

PRIMARY NAME/LAST NAME FIRST NAME TELEPHONE NUMBER ACCOUNT NUMBER

HOME ADDRESS CITY STATE ZIP

PERSON TO CONTACT IF QUESTIONS ARISE BUSINESS NUMBER CELL NUMBER

WHERE DO YOU ANTICIPATE YOUR SALES TO TAKE PLACE (CHECK ALL THAT APPLY):

- HUNTSVILLE GURLEY OWENS CROSS ROADS MADISON NEW HOPE TRIANA
- REDSTONE ARESENAL UNINCORPORATED MADISON COUNTY

FILING STATUS, PLEASE CHECK ONE:

- MONTHLY (GROSS TAXABLE AMOUNT IS GREATER THAN \$2,000 PER MONTH)
- QUARTERLY SEMI-ANNUALLY ANNUAL

***WE DO NOT OFFER AN OCCASIONAL FILING STATUS. YOU MUST CHOOSE A STATUS LISTED ABOVE.**

SECTION C – RESPONSIBLE PARTY INFORMATION:

**INFORMATION REGARDING EACH OWNER, PARTNER, MEMBER, OR CORPORATE OFFICER(S):
ATTACH ADDITIONAL SHEETS IF NECESSARY.**

NAME

TITLE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

HOME ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

NAME

TITLE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

HOME ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

NAME

TITLE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

HOME ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

SIGNATURE OF EACH OWNER, PARTNER, MEMBER, OR CORPORATE OFFICER(S):

_____ SIGNATURE	_____ PRINTED NAME	_____ DATE
_____ SIGNATURE	_____ PRINTED NAME	_____ DATE
_____ SIGNATURE	_____ PRINTED NAME	_____ DATE

MAIL COMPLETED APPLICATION TO:

**MADISON COUNTY SALES TAX DEPARTMENT
MADISON COUNTY COURTHOUSE
100 NORTHSIDE SQUARE
HUNTSVILLE, AL 35801**

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE DEPARTMENT AT (256) 532-3498

Madison County Sales and Use Tax Return

100 Northside Square • Huntsville, AL 35801-4820

(256) 532-3498 • www.madisoncountyal.gov

Account Number: XXXXXX

Period Covered:
(MUST BE COMPLETED)

XX
 XX
 XX
 XX

Total Amount Enclosed

\$

- Check here if business has closed.
- Check here if address change indicated on back.

	(A)	(B)	(C)	(D)	(E)
Type of Tax / Tax Jurisdiction	Gross Taxable Amount	Total Deductions	Net Taxable Amount (Column A - Column B)	Tax Rate	Total Tax (Column C x Column D)
Section I: County-wide tax: This section must be completed. LOCALITY CODE FOR MAT: 7745					
General Rate				0.005	
Vending Machine Rate				0.005	
Automotive/Machine Rate				0.0025	
Total of Section I					
Section II: Outside City of Huntsville: Complete this section only if you had sales or use taxes outside the corporate limits of Huntsville. LOCALITY CODE FOR MAT: 7045					
General Rate				0.01	
Vending Machine Rate				0.01	
Automotive/Machine Rate				0.005	
Total of Section II					

This return must be postmarked by the **20th** day of the month following the reporting period for which you are filing to be considered a timely return.

By signing this report I am certifying that this report, including any accompanying schedules or statements, has been examined by me and is, to the best of my knowledge and belief, a true and complete report for the period stated.

Date _____ Title _____

Signature _____

(1) Total Tax (Total of Column E)	
(2) Penalty (failure to file 10% or \$50 whichever is greater; failure to pay 10%)	+
(3) Interest	+
(4) Discount (See back for explanation, applies to sales tax only)	-
(5) Amount Due (Item 1-4, if delinquent 1+2+3)	
(6) Total Amount Due & Enclosed	

Deductions Computation

- (a) Total wholesale sales both cash and credit
 - (b) Credit for automotive vehicles and trailers as part payment of sales
 - (c) Credit for labor/nontaxable services
 - (d) Sales in interstate commerce
 - (e) Sales to US Government, State of Alabama counties, and incorporated cities and towns in Alabama
 - (f) Sales of gasoline or lube oils
 - (g) Other allowable deductions
- Total Allowable Deductions = (a) + (b) + (c) + (d) + (e) + (f) + (g)

- (1) Total Tax = Total of column E
- (2) Penalty = If paid after the 20th of the month due: (10% of the tax or \$50, whichever is greater) + (10% of the tax)
- (3) Interest
- (4) Discount = 5% on the first \$100.00 tax and 2% on tax over \$100.00, **APPLIES TO SALES TAX ONLY**
- (5) Amount Due = Tax due less discount or plus penalty and interest
- (6) Total Amount Due & Enclosed = Total tax less discount or plus penalty and interest

STANDARD DEDUCTION SUMMARY TABLE

(SUMMARY BELOW MUST BE COMPLETED TO CORRESPOND WITH TOTAL DEDUCTIONS ON FRONT OF TAX REPORT)

Type of Tax	Wholesale Sales	Auto Trade-ins	Labor	Deliveries out of jurisdiction	Gov't. Agencies	Gas or Lube Oils	Other Allowable Deductions	Total Deductions
Total Deductions								

INSTRUCTIONS & INFORMATION CONCERNING THE COMPLETION OF THIS REPORT

- To avoid the application of penalty and/or interest amounts, this report must be file on or before the 20th of the month following the period for which the report is submitted. **Cancellation postmark will determine timely filing.**
- A remittance for the total amount due made payable to the Madison County Sales Tax Dept. must be submitted with this report.
- This report should be submitted on a monthly basis unless you have requested and been approved for a different filing frequency.
- Any credit for prior overpayment must be approved in advance by the taxing jurisdiction.

Indicate Any Account Changes Below

Business Name _____	Contact Person _____
Physical Address _____	Phone _____
Mailing Address _____	Email _____
City _____	

MADISON COUNTY SALES TAX DEPARTMENT

MADISON COUNTY COURTHOUSE
100 NORTHSIDE SQUARE
HUNTSVILLE, ALABAMA 35801-4820



INCOMPLETE AND IRREGULAR BIDS

A bid that is not accompanied by data required by the Bid Documents, or a bid which is in any way incomplete, may be rejected. Any bid which contains any uninitiated alterations or erasures, or any bid which contains any additions, alternate bids, or conditions not called for, or any other irregularities of any kind, will be subject to rejection. Bids may also be rejected for any of (but not limited to) the following causes:

- A. Failure to utilize bid forms provided by Madison County.**
- B. Failure of non-enrollment of E-Verify and required documentation.**
- C. Lack of signature on all notarized document(s) by authorized representative on the bid forms.**
- D. Failure to properly complete the bid.**
- E. Evidence of collusion among bidders.**
- F. Unauthorized alteration of bid/proposal form.**
- G. Failure to submit other forms and documents as required.**
- H. Failure to print and submit bid forms on letter size paper**
(make sure no portion of the bid documents are cut off)

EACH VENDOR SUBMITTING A BID MUST COMPLETE
AND SUBMIT WITH ITS BID THE FOLLOWING
STATEMENT

STATE OF ALABAMA
MADISON COUNTY

VERIFIED STATEMENT REGARDING UNAUTHORIZED ALIENS

The undersigned hereby certifies, under oath, in regard to the performance of the services or for the supply of materials or things described in this Invitation for Bid, that:

(A) it has conducted a verification, pursuant to all federal and state laws, of all the employees who will perform work on the Madison County Commission contract or work on the materials or things supplied to the Madison County Commission in response to this Invitation for Bid to insure that no unauthorized aliens will be employed to perform Madison County Commission work or supply materials or things to the Madison County Commission,

and

(B) to the best of their knowledge and belief, it is not employing or otherwise using unauthorized aliens to provide services, materials or things to the Madison County Commission.

The undersigned agrees:

1. it will verify that whether an employee is an unauthorized alien by inspecting such documents as are designated by Federal Law. For contracts in excess of \$100,000.00, in any twelve (12) month period of time, the contractor or supplier shall certify to the Commission that it has and will verify, to the extent allowable by Federal Law, by using the Federal E-Verify program, that no unauthorized aliens are utilized in providing services, materials or things to the Commission;

2. upon request, it will certify to the Commission, under oath by an officer or a management level employee, that it has verified to the extent allowable under Federal Law that named or otherwise described employees utilized in providing services, materials or things to the Commission are not unauthorized aliens;

3. upon determination by any appropriate Federal Agency that an employee is an unauthorized alien, the undersigned shall terminate the unauthorized alien's employment.

4. if the undersigned fails to terminate an employee determined to be an unauthorized alien by the Federal government or fails to provide the verification described above, the Madison County Commission may terminate the contract for the performance of services, materials or things pursuant to Madison County, Alabama, Policy Regarding The Employment of Unauthorized Aliens by Contractors and Suppliers.

The requirements and obligations of this Policy and Statement shall be interpreted and implemented in a manner consistent with all Federal and State Laws. If any provision of this Policy or Statement is declared invalid or in conflict with Federal or State Laws, such invalidly or conflict shall not affect the other provisions of this Policy or Statement which can be given effect without the invalid provision. The provisions of this Policy and Statement are declared to be severable.

NAME:

BY: _____

Printed Name of Person Signing: _____

Position: _____

SWORN TO and subscribed before me on this the _____ day of _____, 20 _____.

Notary Public

My Commission Expires: _____

SWORN AFFIDAVIT OF EMPLOYER REGARDING UNAUTHORIZED ALIENS

1. The undersigned hereby attests by this sworn affidavit signed before a notary that it does not knowingly employ, hire for employment, or continue to employ an unauthorized alien.

2. The undersigned hereby attests that it is enrolled in the Federal E-Verify program. A true and correct copy of the undersigned's fully executed Federal E-Verify Memorandum of Understanding is attached hereto.

3. The Federal E-Verify Memorandum of Understanding attached hereto is the operative Memorandum of Understanding under which the undersigned is currently participating in the Federal E-Verify Program. **Must provide E-Verify Company ID:** _____

4. This sworn affidavit is provided to comply with Alabama Act No. 2011-535, known as the "Beason-Hammon Alabama Taxpayer and Citizen Protection Act."

Name: _____

Company Name

By: _____

Signature

Printed Name: _____

Position: _____

STATE OF _____

COUNTY OF _____

I, the undersigned, Notary Public in and for said County in said State, hereby certify that **Employee**, whose name as **Job Title** of **Name of Organization**, is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, he, as such **Job Title** and with full authority, executed the same voluntarily for and as the act of said **Name of Organization/Company**.

Given under my hand this the _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

SWORN AFFIDAVIT OF EMPLOYER REGARDING UNAUTHORIZED ALIENS

1. The undersigned hereby attests by this sworn affidavit signed before a notary that it does not knowingly employ, hire for employment, or continue to employ an unauthorized alien.

2. The undersigned hereby attests that it is enrolled in the Federal E-Verify program. A true and correct copy of the undersigned's fully executed Federal E-Verify Memorandum of Understanding is attached hereto.

3. The Federal E-Verify Memorandum of Understanding attached hereto is the operative Memorandum of Understanding under which the undersigned is currently participating in the Federal E-Verify Program. **Must provide E-Verify Company ID:** _____

4. This sworn affidavit is provided to comply with Alabama Act No. 2011-535, known as the "Beason-Hammon Alabama Taxpayer and Citizen Protection Act."

Name:

By: _____

Printed Name: _____

Position: _____

STATE OF _____

COUNTY OF _____

I, the undersigned, Notary Public in and for said County in said State, hereby certify that _____, whose name as _____ of _____, is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, he, as such _____ and with full authority, executed the same voluntarily for and as the act of said _____.

Given under my hand this the _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

SWORN AFFIDAVIT OF SUBCONTRACTOR
REGARDING UNAUTHORIZED ALIENS

1. The undersigned subcontractor hereby attests by this sworn affidavit signed before a notary that it does not knowingly employ, hire for employment, or continue to employ an unauthorized alien.

2. The undersigned subcontractor hereby attests that it is enrolled in the Federal E-Verify program. A true and correct copy of the undersigned's fully executed Federal E-Verify Memorandum of Understanding is attached hereto.

3. The Federal E-Verify Memorandum of Understanding attached hereto is the operative Memorandum of Understanding under which the undersigned is currently participating in the Federal E-Verify Program. **Must provide Company ID:** _____

4. This sworn affidavit is provided to comply with Alabama Act No. 2011-535, known as the "Beason-Hammon Alabama Taxpayer and Citizen Protection Act."

Name:

By:_____

Printed Name:_____

Position:_____

STATE OF _____

COUNTY OF _____

I, the undersigned, Notary Public in and for said County in said State, hereby certify that _____, whose name as _____ of _____, is signed to the foregoing instrument and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, he, as such _____ and with full authority, executed the same voluntarily for and as the act of said _____.

Given under my hand this the _____ day of _____, 20____.

Notary Public
My Commission Expires: _____

Company ID Number:

Approved by:

Employer	
Name (Please Type or Print)	Title
Signature	Date
Department of Homeland Security – Verification Division	
Name (Please Type or Print)	
Signature	Date

Sample

Company ID Number:

Information Required for the E-Verify Program	
Information relating to your Company:	
Company Name	
Company Facility Address	
Company Alternate Address	
County or Parish	
Employer Identification Number	
North American Industry Classification Systems Code	
Parent Company	
Number of Employees	
Number of Sites Verified for	

Sample