

DEPARTMENT OF FINANCE AND ADMINISTRATION



ACKNOWLEDGMENT OF RECEIPT OF FINANCIAL OBLIGATION POLICY

I, _____, as an applicant for employment
Print Full Name

or current employee with the Department of Finance and Administration hereby certify the following:

- ❖ I understand that as a Department of Finance and Administration (DFA) employee I am required to timely file all tax returns and comply with all applicable State, Federal and local tax laws. I have received a copy of the DFA Handbook containing the Financial Obligations Policy and by my signature below attest to the following: my history of filing AND payment of State, federal, and local taxes is free and clear of any judgements, liens, or outstanding balances.
- ❖ I am currently in compliance with all governmental regulations at all levels: federal, State, and local, including but not limited to car sales tax, car tag renewals, property taxes, driver's licenses, and child support payments. I realize that while employed by DFA, as a condition of employment, my tax records will be subject to periodic review for compliance with financial regulations including tax laws and/or any agreement/payment plan.
- ❖ I authorize the DFA Office of Child Support Enforcement to release to the DFA Office of Personnel Management information, as necessary, to confirm that I am compliant with any child support obligation I may owe.
- ❖ I understand that any determination of my failure to comply with any tax law or to default on any one payment of a payment plan may result in my termination from employment with DFA.

Last 4 of Social Security Number

Signature

Date

Eligibility under the Financial Obligation Policy has been verified by:

Signature of DFA Official

Date Verified