

District of Columbia Retirement Board (DCRB) Benefits Department

900 7th Street, NW, 2nd Floor •Washington, DC 20001 Telephone: (202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001 www.dcrb.dc.gov

Affidavit of IRS Non-Filing

Tax real blider Review. 2015			
I,			
I understand that I am required to sui information as requested by the Distric		-	
I hereby certify that I did not and was no	ot required to file a Federal inco	ome tax return for the t	ax year under review.
I understand that any willful falsification retirement annuity.	n of information contained in	this Affidavit may resu	ılt in termination of my disability
I certify under penalty of perjury under true and correct.	the laws of the Federal and E	istrict of Columbia go	vernments, that the foregoing is
Member's Signature (Must sign in the presence of a Notary Public)		Date	
Member's Printed Name			
	******	*****	
Notary Public Verification			
STATE OF	COUNTY OF _		
Before me, a Notary Public, on this day personally name is subscribed to the foregoing instrument ar	appeared nd acknowledged to me that s/he exec	uted the same for purposes	known to me to be the person whose and consideration therein expressed.
Given under my hand and seal of office this	day of	, 20	
			(SEAL)
Signature of Notary	Commission Expires		

