



CORPORATE AFFIDAVIT OF NO ENDORSEMENT

Mail to: NYC Department of Finance, Treasury Division, Client Services, 1 Centre Street, Room 2200, New York, NY 10007

Instructions: Please complete and notarize this affidavit and mail to the address above.

Date: ____/____/____

TIN: _____

STATE OF NEW YORK
COUNTY OF NEW YORK

_____, being duly sworn, deposes and says:
FIRST NAME LAST NAME

That his/her place of residence is located at _____,
NUMBER AND STREET
in the City of _____, State of _____, Zip Code _____. Telephone Number (____) _____.

That on or about ____/____/____, this deponent was and is still _____
MONTH DAY YEAR TITLE
of _____, a corporation organized under and existing by virtue of the statutes of the
NAME OF CORPORATION
State of _____ and having its principal place of business located at: _____,
NUMBER AND STREET

in the City of _____, State of _____, Zip Code _____.

That _____, is the payee named in a certain check,
NAME OF PAYEE ON CHECK
drawn by _____, on ____/____/____,
FIRST NAME LAST NAME MONTH DAY YEAR
check number _____, in the amount of \$ _____.

That neither this deponent nor _____ have received the check, and have
NAME OF CORPORATION
not received the proceeds of said check nor any part thereof. This affidavit is made voluntarily and for the purpose of establishing a forgery.

CERTIFICATION

Signature

Sworn to before me

this _____ day of _____, 20 _____

NOTARY PUBLIC/COMMISSIONER OF DEEDS