

Section III — National Taxing Authority Certification
This Certification Must be Completed by the National Taxing Authority

1. Name of business:

2. This business is: Check (✓) *one* response

- The business requesting small business status. (All of Section I must be completed.)
 An affiliate of a business requesting small business status. (Items 1 and 2 of Section I must be completed.)

3. Gross receipts or sales reported to the National Taxing Authority for the most recent tax year:

4. Does the National Taxing Authority know of any affiliate(s) of the business requesting small business status, other than those listed in Section II?

Check (✓) *one* response:

- No (or not applicable).
 Yes. An explanation is attached.

	Currency Unit	Amount Reported
a. Local currency:		
b. U.S. currency:	U.S. Dollars	\$ <input type="text"/>
c. Exchange rate (per U.S. Dollar):		

5. Period during which reported receipts or sales were collected:

a. Starting date: _____ b. Ending date: _____
Month-Day-Year Month-Day-Year

6. a. Name of National Taxing Authority official making this Certification:

7. Your telephone number:

b. Your title:

8. Your e-mail address:

9. Name of this National Taxing Authority:

10. Sign and date the following certification:

I certify that, to the best of my knowledge, the information I have provided in this Certification is complete and accurate.

 Signature of official making this Certification (must be signed by the official identified in item 5)

Date of this Certification: _____

Affix Official Seal of National Taxing Authority here:



The business seeking small business status should mail its completed FY 2008 Small Business Qualification Certification to FDA at the address below. Your Certification is not complete and will not be accepted unless Section III has been completed by your National Taxing Authority. If your business has any affiliates, you must also send a separate FY 2008 Small Business Qualification Certification or U.S. Federal income tax return for each affiliate. Send all materials to —

FY 2008 Small Business Qualification (HFZ-222)
 Division of Small Manufacturers, International, and Consumer Assistance
 U.S. Food and Drug Administration
 1350 Piccard Dr.
 Rockville, MD 20850
 United States of America

(U.S. FDA Use Only)

- Review: Certification is complete.
 Information not complete.
- Decision: Qualifies for Small Business fee discounts.
 Qualifies for Small Business fee discounts and fee waiver for first premarket application.
- SBD08 _____
 Does not qualify.

OMB Statement. The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or another aspect of this collection of information, including suggestions for reducing this burden to:

U.S. Food and Drug Administration
 Forms Comments, HFZ-20
 2098 Gaither Road
 Rockville, MD 20850
 United States of America

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number.