AD-19 (2)
SF 49707
(R3 / 10-10)

Indiana Department of Revenue

Affidavit for Reinstatement of Foreign Corporation

State of _____)
) SS
County of _____)

_____ being duly sworn according to law, affirms that he/she is the
(name)

_____ of _____ a corporation organized
(official capacity) (corporation name)

under the laws of the State of _____, _____/_____/_____ , authorized to do business in the
(incorporation date)

State of Indiana, _____/_____/_____ with its principal office located at address _____
(date authorized)

_____ , city _____ , state _____ , zip_____ ,

and identified by Federal ID #_____ , and Indiana sales / withholding tax account number (TID #)_____, and that he/she makes this affidavit for and on behalf of this corporation. He/She states that the books and records of this corporation are kept at _____
(address)

_____, in care of _____.
(name)

That this corporation is engaged in the business of _____.
(primary purpose)

To the best of my belief and knowledge, all of the said corporation's Indiana taxable income received on and after May 1, 1933, has been included in Indiana income tax returns filed with the Indiana Department of Revenue and that all tax has been paid. The last Indiana income tax return was filed for year ending _____/_____. The latest sales and/or withholding
(month) (year)

tax return(s) were filed on for period ending _____/_____ , under _____.
(month) (year) (name)

That this affidavit is made for the sole purpose of inducing the Indiana Department of Revenue to issue a notice, as provided under the applicable taxing acts, to the effect that such corporation has paid all taxes due which will permit the Indiana Secretary of State to reinstate the corporation to active status as authorized to do business in the State of Indiana.

_____
Signature

State of _____)
) SS
County of _____)

_____
Title

Subscribed before me, a Notary Public in and for said county and state, this _____ day of _____,_____ .
(month) (year)

_____ _____
Commission Expiration Date Signature

_____ _____
County / State of Residence Printed Name

Mail to: Indiana Department of Revenue, Tax Administration, P.O. Box 6197, Indianapolis, IN 46206.