

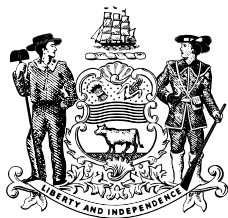
DELAWARE F O R M

DIVISION OF REVENUE CLR-APP

APPLICATION FOR TAX CLEARANCE CERTIFICATE



1. Name of Business				Taxpayer ID Number			
2. Location of Business							
P.O. Box or Street and Number						Phone Number	
City or Town			County			State	Zip Code
3. Name, Address and Phone No. of Attorney or Rep to whom Clearance Certificate should be sent (if different from #2)							
Name			P.O. Box or Street and Number			Phone Number	
City or Town			County			State	Zip Code
4. Name(s), Home Address(es) and Social Security No.(s) of Sole Proprietor, General Partners, Business Trustee, President and Treasurer of the Corporation or Chief Executive Officer or Majority Owner of Entity. (Attach listing if necessary)							
Name			Social Security Number			Phone Number	
P.O. Box or Street and Number			City			State	Zip Code
5. Type of Business							
<input type="checkbox"/>	Domestic Corporation (Incorporated in DE)		<input type="checkbox"/>	Foreign Corporation (not incorporated in DE)		<input type="checkbox"/>	Liquidating Trust
<input type="checkbox"/>	Partnership		<input type="checkbox"/>	Proprietorship		<input type="checkbox"/>	Limited Liability Company
<input type="checkbox"/>	Association		<input type="checkbox"/>	Business Trust		<input type="checkbox"/>	Nonprofit Corporation
<input type="checkbox"/>	Limited Liability Partnership		<input type="checkbox"/>	Other (Specify)		(Please submit copy of 501(c) exemption letter)	
If Domestic Corporation, give incorporation date.		If Foreign Corporation, give state where incorporated and Date of Certificate of Authority in Delaware.		Date business started in Delaware		Date Terminated	
Registered Delaware Address, P.O. Box, Street and No.							
City or Town		County			State	Zip Code	
6. Describe the business activity in Delaware, including services performed and rendered, and give principal commodity sold at wholesale or retail. If sales or construction are involved, please explain. If manufacturer's representatives or independent contractors perform activities, render services or execute sales on behalf of the entity rather than entity's employees, please specify what activities were performed, what services were rendered and what type of sales were executed.							
7. Did the entity have employees for which DELAWARE personal income tax was required to be withheld from wages?							<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain.							
8. Did taxpayer ever hold any of the following licenses, permits or accounts with the State of Delaware?							
(a) Corporation Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No	Period		to		Revenue ID No.	
(b) Liquor License	<input type="checkbox"/> Yes <input type="checkbox"/> No	Period		to		License No.	
(c) Motor Fuels	<input type="checkbox"/> Yes <input type="checkbox"/> No	Period		to		Permit No.	
(d) Cigarette and/or Tobacco Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No	Period		to		License No.	
(e) Public Accommodations Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No	Period		to		License No.	
(f) Motor Carrier	<input type="checkbox"/> Yes <input type="checkbox"/> No	Period		to		License No.	
(g) Lottery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Period		to		Agent No.	
(h) Public Transportation Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Period		to		License No.	
(i) Delaware Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Period		to		Account No.	



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9. Were the assets or activities of the business acquired in whole or in part from a prior business entity? (If "Yes", give predecessor's name, address and acquisition date.)				<input type="checkbox"/> Yes
				<input type="checkbox"/> No
Name			Acquisition Date	
			MM DD YYYY	
P.O. Box or Street and Number			Phone Number	
City or Town	County		State	Zip Code
10. Has the business held title to any real estate in the last five years from the date of this application?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

- If "Yes", complete Schedule A (last page).
- If you currently hold title to real estate in Delaware, complete Schedule B (last page).

11. Will the assets or activities of the business be transferred to another?				
(a) Corporation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Other, Explain:	Name of New Owner
(b) Partnership	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
(c) Proprietorship	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Street Address of New Owner
(d) Liquidating Trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
(e) Association	<input type="checkbox"/> Yes	<input type="checkbox"/> No		City State Zip Code
(f) Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

12. Purpose of clearance certificate (check appropriate block):	
<input type="checkbox"/> A. Dissolution of Entity through Department of State.	Date
<input type="checkbox"/> B. Dissolution of Entity through Court of Chancery. Date Court was petitioned and county:	MM DD YYYY
<input type="checkbox"/> C. Withdrawal of Foreign Entity through Department of State.	
<input type="checkbox"/> D. Merger or consolidation of two or more Entities where surviving Entity is not subject to the jurisdiction of Delaware.	
<input type="checkbox"/> E. Other	

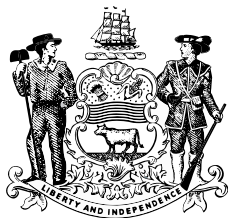
13. Location of business records, available for audit of Delaware Operations.			
P.O. Box or Street and Number		Phone Number	
City or Town	County	State	Zip Code

14. List any matters pending with the Delaware Division of Revenue (e.g. petitions, appeals):

15. Did the business ever, within the State of Delaware			
(a) Engage in the sale or lease of tangible personal property since Sept. 1, 1953?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Period _____ to _____
(b) File Delaware Unemployment Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Period _____ to _____
If "Yes", give Account No. _____ (See question 8i.)			

16. Have you terminated your business activities in Delaware		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", give distribution of assets date: _____		
If "No", explain: _____		
If a Foreign Corporation, have you terminated business in the state of your incorporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

17. Number of employees and total gross payrolls during the last five operating years (as reported to the Social Security Admin.)				
Year	Total Employees	Delaware Employees	Total Gross Payroll	Delaware Gross Payroll



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18. Have the officers received any remuneration, in cash or other form, for services performed in Delaware during the current calendar year or during any of the preceding four calendar years? ☐ Yes ☐ No

19. Were any remunerated services performed for the business in Delaware, which you believe did not constitute "employment" as defined in the Delaware Unemployment Compensation Law? ☐ Yes ☐ No

If "Yes", explain:

20. A. Average number of stockholders during the last five years:

B. Number of stockholders as of this report:

C. List names and home addresses of stock transfer agents who have handled the corporation's stock:

Name	Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

D. Were all shares presented and property redeemed from any stock called for redemption or retired? ☐ Yes ☐ No

21. The figures below must agree with the last corporate tax report filed with the Delaware Division of Revenue.

Date of Report:

Total Liabilities:

Total Assets:

Total Equity (net worth):

22. A. List the amount of corporate bonds issued and still outstanding as of this report.

Show each issue separately and include name and address of any transfer or paying agents.

Issue	Agent	Number of Outstanding Bonds	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. List names and addresses of transfer or paying agents not listed above who have handled corporate bond issues.

Name	Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

23. Do you have within your custody, possession or control any abandoned and unclaimed (escheatable) funds or assets such as dividends, payroll, deposits, outstanding checks, stock certificates, unidentified deposits, accounts payable debit balances, gift certificates, outstanding debentures or interest, royalties, mineral rights or funds due missing shareholders or other unclaimed amounts payable? ☐ Yes ☐ No

24. Has the business filed a Delaware Abandoned and Unclaimed Property Report for the preceding year? ☐ Yes ☐ No

25. CERTIFICATION: I certify that the information provided (including Schedules, if applicable) on this application has been examined by me and is, to the best of my knowledge, true and correct. (Certification must agree with individuals listed in Question 4)



AUTHORIZED SIGNATURE



DATE



PHONE NUMBER



Direct telephone inquiries to the Delaware Division of Revenue at:



(302) 577-8445

Mail a copy of this form with Form 8821 DE (Authorization to Release Tax Information) along with the fee to:



Office of Tax Enforcement
Delaware Division of Revenue
820 North French Street
Wilmington, DE 19801



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SCHEDULE A - STATEMENT OF ACQUISITION AND/OR DISPOSITION OF DELAWARE REAL ESTATE WITHIN FIVE YEARS FROM THE DATE OF THIS APPLICATION

Name of Transferee (EE) or Transferor (OR). Indicate each by symbol EE or OR.	Date of Transfer (MM/DD/YYYY)	Property Location by Local Political Subdivision & County	Acquisition Date (MM/DD/YYYY)	Original Cost		County Assessed Value	Actual Consideration including Encumbrance Assumed*	Actual Monetary Worth (Market Value) at Time of Transfer*	Amount of Delaware realty transfer tax PAID	Explanation
				Land	Building					

SCHEDULE B - STATEMENT OF ALL DELAWARE REAL ESTATE NOW OPENED

Schedule B Statement of All Delaware Real Estate Now Owned	Property Location by Local Political Subdivision & County	Acquisition Date (MM/DD/YYYY)	Original Cost		County Assessed Value	Actual Consideration including Encumbrance Assumed*	Actual Monetary Worth (Market Value) at Time of Transfer*	Amount of Delaware realty transfer tax PAID at acquisition**	Explanation
			Land	Building					

List all real estate now owned in Delaware that the business will dispose of prior to or at the time of the action for which a clearance is required. If under agreement of disposition, attach copy of executed agreement for each property so affected.

* Complete if applicable. If transfer represents less than a full fee-simple interest in the property, explain on a separate sheet of paper.

** If no realty transfer tax was paid, explain on attached sheet or in "Explanation" column above.