

## APPLICATION TO OBTAIN CONTRACTOR'S REQUEST FOR CLEARANCE

NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER SFN 59937 (Revised 6/11)

FOR OFFICE USE ONLY											

Pursuant to North Dakota Century Code §§ 43-07-10 and 43-07-11.1, a request for Income, Sales and Use Tax Clearance Application is made on behalf of:

Taxpayer Legal Name	Federal Employer Identification Number or Social Security Number				
Doing Business As Name (if different from line 1)		Business Telephone Number			
Mailing Address	City	State ZIP Code			
Organization Type Sole Proprietorship Partnership	General Partnership LL Government As	Corporation			
Description of Business (list all types of activity)					
Have business activities been conducted in Nor	rth Dakota anytime during the past	three years? Yes No			
Do you have employees earning a wage in Nor	rth Dakota? Yes No				
Are you making retail sales in North Dakota?	Yes No				
<b>Authorized Signature</b> . I declare under the penaltic a false statement in a governmental matter, that this examined by me and to the best of my knowledge as	s application, including any accompanyi	ng schedules and statements, has been			
Print Name of Authorized Individual	Title	Telephone Number			
Signature		Date			

## PRIVACY ACT NOTIFICATION

In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 43-07-10, 43-07-11.1 and 57-01-15, and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.

Mail to: Office of State Tax Commissioner

**Business Registration** 

600 E. Boulevard Ave., Dept. 127

Bismarck, ND 58505-0599

Contact: Fax: 701.328.0332

Phone: 701.328.1241 Website: www.nd.gov/tax Email: taxregistration@nd.gov