## **DEPARTMENT USE ONLY**

pennsylvania
DEPARTMENT OF REVENUE
BURGALL OF COMPILIANCE

## APPLICATION FOR TAX CLEARANCE CERTIFICATE REVENUE ID.

REVENUE ID\_\_\_\_\_

Bureau of Compliance
PO BOX 280947
Harrisburg PA 17128-0947

NO FILING FEE

Please Type or Print

1	Name of Business			Federal E	IN
2	Location of Business (Current Mailing Add	ress)		•	
	P.O. Box, Street and Number or R.D. Numb	er and Box Number		Telephone	e Number
-	City or Town	Co	unty	State	ZIP Code
3	Name, Address and Phone Number of Atto	rney or Representati	ve to whom Clearance Certi	ficate should be se	ent (if different from #2)
	Name			Telephone (	e Number )
	P.O. Box, Street and Number or R.D. Number	er and Box Number			
-	City or Town	Со	unty	State	ZIP Code
4	Name(s), Home Address(es) and Social S the Corporation or Chief Executive Officer				rustee, President and Treasurer of
	Name		Telephone Number		
_	P.O. Box, Street and Number or R.D. Numb	er and Box Number	City	State	ZIP Code
-	Name		Social Security Number	Telephone	e Number
-	P.O. Box, Street and Number or R.D. Numb	er and Box Number	City	State	ZIP Code
5	Type of Business				
	□ DOMESTIC CORPORATION (Incorporate	ed in PA) 🗌 FOREI	GN CORPORATION (not inco	rporated in PA)	NONPROFIT CORPORATION (Please submit copy of 501(c)
	☐ PARTNERSHIP	☐ PROPR	IETORSHIP		exemption letter)
	☐ ASSOCIATION	□ BUSIN	ESS TRUST		☐ LIQUIDATING TRUST
	☐ LIMITED LIABILITY PARTNERSHIP	□ OTHER	(Specify)		☐ LIMITED LIABILITY COMPANY
	If Domestic Corporation, give incorporation	n date. If Foreign C	orporation, give state where	incorporated and d	late of Certificate of Authority in PA.
	Registered Pennsylvania Address, P.O. Box	, Street and Number			
_	City or Town	Co	unty	State	ZIP Code
	Date business started in Pennsylvania		Date terminated		
6	Describe the business activity in Pennsylveretail. If sales or construction are involved render services or execute sales on behalf services were rendered and what type of services were rendered and services wer	l, please explain. If n of the entity rather t	nanufacturer's representativ	ves or independent	t contractors perform activities,
7	Did the entity have employees for which P	A personal income ta	x was required to be withh	eld from wages?	
8	Did taxpayer ever hold any of the followin	g licenses, permits or			
	(a) Corporation Tax		1104		Revenue ID No
	(b) Malt Beverage or Liquor License			_	icense No.
	(c) Liquid Fuels				Permit No
	(d) Cigarette Tax		_		icense No.
	(e) Sales, Use and Hotel Occ. Tax			_	icense No.
	(f) Motor Carrier			_	icense No.
	(g) Fuel Dealer-User			_	icense No.
	(h) Lottery (i) Small Games of Chance Mfg. / Distr.				icense No
	( )			_	icense No.
	(j) Public Transportation Assistance				ccount No.
	(k) PA Unemployment Compensation (I) PA Oil Company Franchise Tax				account No.
	· · · · · · · · · · · · · · · · · · ·				

							Acqui	isition Date	
P.O. Box, Street and Nur	nber								
City or Town			County			State		ZIP Code	2
Has the business held tit	tle to any re	eal estate i	n the last five	e years from th	e date of this ap	plication?	□ Yes □ No	)	
If "Yes", complete So	chedule A (la	ast page).							
If you currently hold	title to real	estate in I	PA, complete	Schedule B (la	st page).				
Will the assets or activit	ies of the bu	usiness be	transferred t	to another?	If "Yes", comp	olete:			
A. Corporation	□ Yes	□ No		□ Yes □ No			Name of Nev	w Owner	
B. Partnership	□ Yes	□ No	Explain:			<u> </u>		- f N 0	
C. Proprietorship	☐ Yes	□ No	-			Stre	et Address (	or New Own	ier
D. Liquidating Trust	☐ Yes	□ No			City		State	ZIP Code	
E. Association	☐ Yes	□ No			City		State	ZII COUC	
Purpose of Clearance Ce	rtificate (ch	eck approp	priate block):	:					
☐ A. Dissolution of Corp	oration or A	ssociation	through Dep	artment of Stat	te.				
☐ B. Dissolution of Corp	oration or A	ssociation	through Cou	rt of Common I	Pleas. Date Cour	t was petition	ed and coun	ntv:	
			uniough cou					,.	
	(date)					(county)			
☐ C. Withdrawal of Fore	ign Corporat	tion throug	gh Departmei	nt of State					
□ D. Merger or consolida jurisdiction of Penn				or Associations	where surviving	Corporation	or Association	on is not su	bject to
□ E. Bulk Sale Clearance Certificate under Section 1403 of the Fiscal Code. Sale date: Copy of settlement statement:									
		under Sec	tion 1403 of	the Fiscal Code	. Sale date:				
	statement:			the Fiscal Code		Sales, Use	and Hotel O	ccupancy Ta	ax Purpo
Copy of settlement Corporation Tax Pu Unemployment Con	statement: rposes npensation 1	Em	nployer Withh ses STATE	holding Tax Pur	poses	Sales, Use			
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	TOTAL EMPLOYEES	PA EMPLOYEES	TOTAL GROSS PAYROLL	PA GROSS PAYROLL	
Have the officers	received any remuneration y of the preceding four cal	n, in cash or other other fo endar years?	orm, for services perform	ned in Pennsylvania during the current o	alendar
☐ Yes ☐ No					
Were any remune in the PA Unempl If "Yes", explain:	ovment Compensation Law	for the business in PA, wh ⁄? □ Yes □ No	ich you believe did not c	onstitute "employment" as defined	
A. Average nun	nber of stockholders during	g the last five years:			
	nd home addresses of stoo				
Name:		Addre	ss:		
D. Were all sha	res presented and propert	y redeemed from any stoc	k called for redemption (	or retired?	
•	must agree with the last	•	•		
Date of Report: _		Total Liabilities:			
Total Assets:		Total Equity (net w	orth):		
A. List the amour			of this report. Show eac	ch issue separately and include name an	d
		) i		mber of Outstanding Bonds	Amount
address of any Issue	transfer of paying agents	Agent	Nu	iniber of outstanding bonds	
address of any	transfer of paying agents		Nu	iniber of Outstanding Bonds	
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address of any Issue  B. List names and Name:  Have you consum tax was paid? If "  Yes    No  Do you have with payroll, deposits, debentures or into Yes    No  Has the business  Yes    No  CERTIFICATION is, to the best of into Yes    No  Print Name	ed or used in Pennsylvania Yes", please explain: in your custody, possessio outstanding checks, stock erest, royalties, mineral rig filed a PA Abandoned and I: I certify that the inform my knowledge, true and co	paying agents not listed a Address:  a any tangible personal proceedings of the personal procedure of the personal procedu	bove who have handled  operty or acquired such,  ed and unclaimed (eschedeposits, accounts payable) shareholders or other unclaimed the preceding year.  Schedules, if applicable) agree with individuals lissignature	after March 6, 1956, on which no PA sa atable) funds or assets such as dividence ble debit balances, gift certificates, outst actaimed amounts payable?	is, tanding by me and

- NOTE: 
  Submit typed original to the PA Department of Revenue (address on Page 1) and one copy to the PA DEPARTMENT OF LABOR & INDUSTRY, OFFICE OF UNEMPLOYMENT COMPENSATION TAX SERVICES, e-GOVERNMENT UNIT, LABOR & INDUSTRY BUILDING, ROOM 916, 651 BOAS ST., HARRISBURG PA 17121. Retain a copy for taxpayer's record.
  - Direct telephone inquiries to the PA Department of Revenue at 717-783-6052 or at 717-346-2001. Services for taxpayer with special hearing /speaking needs can be accessed at 1-800-447-3020. Call the PA Department of Labor & Industry at 866-403-6163, Option 2 or 717-783-3545 for services for the hearing impaired.

## SCHEDULE A - STATEMENT OF ACQUISITION AND/OR DISPOSITION OF PENNSYLVANIA REAL ESTATE WITHIN FIVE YEARS FROM THE DATE OF THIS APPLICATION Name of Transferee (EE) **Original Cost** Actual Consider-Actual Monetary Worth (Market Value) at Time of Transfer\* Property Location by Local Political Subdivision Amount of PA Realty Stamps Affixed to Document\*\* or Transferor (OR). Indicate each by symbol EE or OR. Date of Acquisition County Assessed Value ation including Building Encumbrance Explanation & County Assumed \* **Original Cost** Actual Consider-Property Location by **Actual Monetary Worth** Amount of PA Realty Acquisition Date County Assessed Value Local Political Subdivision ation including (Market Value) at Time of Transfer \* Stamps Affixed to Land Building Explanation & County Encumbrance Document\*\* Assumed \* **SCHEDULE B STATEMENT** OF ALL **PENNSYLVANIA REAL ESTATE NOW OWNED**

List all real estate now owned in PA 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.

If application is for a Bulk Sale Clearance Certificate, attach a list of PA properties that will be retained. For each property, provide the complete address, including county, date of acquisition and nature of property (residential, industrial, acreage, commercial or farmland). If none, state none.