## **DEPARTMENT USE ONLY**

pennsylvania
DEPARTMENT OF REVENUE
Bureau of Compliance

## 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

-	Name of Business		<u> </u>	Federal EIN				
1	name of business			rederal LIN				
2	Location of Business (Current Mailing Add	ress)						
	P.O. Box, Street and Number or R.D. Num	Telephone Nur	Telephone Number					
-	City or Town	Cour	nty	State	ZIP Code			
3	Name, Address and Phone Number of Atto	orney or Representative	to whom Clearance Certificat	e should be sent (i	f different from #2)			
	Name	Telephone Number						
_	P.O. Box, Street and Number or R.D. Num	ber and Box Number						
-	City or Town	Cour	nty	State	ZIP Code			
4	Name(s), Home Address(es) and Social S the Corporation or Chief Executive Officer				ee, President and Treasurer of			
	Name	-	Social Security Number	Telephone Nur	nber			
-	P.O. Box, Street and Number or R.D. Num	ber and Box Number	City	State	ZIP Code			
-	Name		Social Security Number	Telephone Nur	mber			
-	P.O. Box, Street and Number or R.D. Num	ber and Box Number	City	State	ZIP Code			
5	Type of Business							
	☐ DOMESTIC CORPORATION (Incorporat	ed in PA)	CORPORATION (not incorpor	rated in PA) 🗆 N	ONPROFIT CORPORATION			
	□ PARTNERSHIP	, _ ☐ PROPRII	TORSHIP		Please submit copy of 501(c)			
	☐ ASSOCIATION	☐ BUSINES			exemption letter) IQUIDATING TRUST			
	_	<del>-</del>			-			
	LIMITED LIABILITY PARTNERSHIP	OTHER (			IMITED LIABILITY COMPANY			
	If Domestic Corporation, give incorporation	on date. If Foreign Cor	poration, give state where inco	orporated and date o	of Certificate of Authority in PA.			
	Registered Pennsylvania Address, P.O. Bo	x, Street and Number						
-	City or Town	Cour	nty	State	ZIP Code			
	Date business started in Pennsylvania		Date terminated					
6	Describe the business activity in Pennsylv retail. If sales or construction are involve render services or execute sales on behal services were rendered and what type of	d, please explain. If ma f of the entity rather th	nufacturer's representatives of	or independent con	tractors perform activities,			
7	Did the entity have employees for which	PA personal income tax	was required to be withheld f	from wages?				
8	Did taxpayer ever hold any of the following	g licenses, permits or a	accounts with the Commonwe	alth of PA?				
	(a) Corporation Tax	☐ Yes ☐ No Perio	odto	Reven	ue ID No			
	(b) Malt Beverage or Liquor License	☐ Yes ☐ No Perio		Licens	se No			
	(c) Liquid Fuels	☐ Yes ☐ No Perio		Permi	t No			
	(d) Cigarette Tax	= =			se No			
	(e) Sales, Use and Hotel Occ. Tax				se No			
	(f) Motor Carrier	☐ Yes ☐ No Perio	odto	Licens	se No			
	(g) Fuel Dealer-User	Yes No Perio			se No			
	(h) Lottery	☐ Yes ☐ No Perio	odto	Agent	No			
	(i) Small Games of Chance Mfg. / Distr.		odto		se No			
	(j) Public Transportation Assistance				se No.			
	(k) PA Unemployment Compensation			Accou	nt No.			
	(I) PA Oil Company Franchise Tax		odto		nt No.			

Name	, give pieuc		anne, aaaness	and acquisitio	/				
							Acqui	sition Date	
P.O. Box, Street and No	umber								
City or Town			County			State		ZIP Code	
Has the business held	title to any re	eal estate ir	n the last five	e years from th	e date of this a	pplication?	Yes □ No	1	
If "Yes", complete 9	Schedule A (I	last page).							
If you currently hol	d title to rea	l estate in P	PA. complete	Schedule B (la	st nage).				
				`		nloto			
Will the assets or activities of the business be transferred to another?  A. Corporation □ Yes □ No F. Other □ Yes □ No				If "Yes", complete:  Name of New Owner					
A. Corporation B. Partnership	□ Yes □ Yes	□ No □ No	F. Otner Explain:		l				
C. Proprietorship	□ Yes	□ No	Explaini			Stree	t Address o	of New Owne	er
D. Liquidating Trust	☐ Yes	□ No			City		State	ZIP Code	
E. Association	☐ Yes	□ No			City	•	otate	ZIP Code	
Purpose of Clearance C	Certificate (ch	heck approp	priate block):	:					
☐ A. Dissolution of Cor	poration or A	Association	through Dep	artment of Sta	te.				
	•								
☐ B. Dissolution of Cor	poration or A	Association	tnrougn Cou	rt of Common i	Pleas. Date Cou	rt was petitione	a ana coun	ty:	
	(date)					(county)			
☐ C. Withdrawal of For	eign Corpora	ation throug	h Departmer	nt of State					
<ul> <li>□ D. Merger or consolic</li> </ul>		_			where survivin	a Corporation o	Associatio	on is not sub	iect to t
jurisdiction of Per						5 co. po. a a a .	7.0000.000		,
<ul> <li>□ E. Bulk Sale Clearance Certificate under Section 1403 of the Fiscal Code. Sale date:</li> <li>Copy of settlement statement:</li> </ul>									
Corporation Tax Purposes Employer Withholding Tax Purposes Sales, Use and Hotel Occupancy Tax Purposes									
Corporation Tax P	urposes		ployer Withh	nolding Tax Pur	poses	Sales, Use a	nd Hotel Oc	cupancy Tax	k Purpos
Corporation Tax P	•	Em		nolding Tax Pur	poses	Sales, Use a	nd Hotel Oc	ccupancy Ta	k Purpos
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N	umber of employee	s and total gross payrolls duri	rating years (as reported	I to the Social Security Administrat	ion):			
	YEAR	TOTAL EMPLOYEES	PA EMPLOYEES	TOTAL GROSS PAYROLL	PA GROSS PAYROLL			
				orm, for services perform	ed in Pennsylvania during the curre	ent calendar		
-	ear or during any of ]Yes □No	the preceding four calendar y	/ears?					
- ir		ed services performed for the nent Compensation Law? $\ \square$ Y		ich you believe did not co	onstitute "employment" as defined			
A	. Average number	r of stockholders during the la	st five years:					
В								
С		home addresses of stock trans	-	•	on's stock:			
	Name:							
D	. Were all shares	presented and property redee	emed from any stoc	k called for redemption o	r retired?			
	•	ist agree with the last corpora	•	•				
D	ate of Report:	<u> </u>	Total Liabilities:					
T	otal Assets:	·	Total Equity (net w	orth):				
Α	. List the amount o	f corporate bonds issued and ansfer or paying agents.	still outstanding as	of this report. Show eac	h issue separately and include nam	e and		
Is	ssue		ent	Nu	mber of Outstanding Bonds	Amount		
	. List names and aclame:	Idresses of transfer or paying Addres		bove who have handled o	corporate bond issues.			
_								
ta	Have you consumed or used in Pennsylvania any tangible personal property or acquired such, after March 6, 1956, on which no PA sales or utax was paid? If "Yes", please explain:  Yes No							
p d	ayroll, deposits, out	our custody, possession or co standing checks, stock certific st, royalties, mineral rights or	cates, unidentified o	deposits, accounts payab	table) funds or assets such as divided to the debit balances, gift certificates, contained amounts payable?	dends, outstanding		
	as the business file	d a PA Abandoned and Unclair	med Property Repor	t for the preceding year?				
		certify that the information p knowledge, true and correct. (			on this application has been examinated in Question 4.)	ned by me an		
	Print Name		Original S	Signature				
	Print Name		Original S	Signature				
Thi					nd PA Department of Labor & Indus			

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 717-425-2495 ext. 91143. Call the PA Department of Labor & Industry at 866-403-6163, Option 2 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 & County Amount of PA Realty Stamps Affixed to Document\*\* or Transferor (OR). Indicate each by symbol EE or OR. Acquisition Date Date of County Assessed Value ation including Building Encumbrance Explanation Assumed \* **Original Cost** Property Location by Local Political Subdivision Actual Consider-Actual Monetary Worth Amount of PA Realty Acquisition Date County Assessed Value ation including (Market Value) at Time of Transfer \* Stamps Affixed to Land Building Explanation Encumbrance Assumed \* & County Document\*\* **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.