

FOR INFORMATIONAL PURPOSES ONLY



ALABAMA DEPARTMENT OF REVENUE Application for Certificate of Compliance

FORM
COM: ACC
10/2015

NOTE: If you have questions concerning the completion of this form, please call (334) 242-1189.

1 BUSINESS INFORMATION *(Please Type or Print)*

BUSINESS NAME	EMPLOYER IDENTIFICATION NUMBER
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BUSINESS ADDRESS

STATE OF INCORPORATION	FOR BUSINESSES INCORPORATED IN ALABAMA, ENTER COUNTY OF INCORPORATION	DATE OF INCORPORATION
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SECRETARY OF STATE ENTITY ID	DAYTIME TELEPHONE NUMBER ()	EMAIL ADDRESS
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2 REQUESTOR *(Please Type or Print)*

NAME

ADDRESS (THE CERTIFICATE OF COMPLIANCE WILL BE MAILED TO THIS ADDRESS.)

DAYTIME TELEPHONE NUMBER ()	FAX NUMBER ()	EMAIL ADDRESS
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3 TO BE COMPLETED BY NON-PROFIT COMPANIES ONLY:

a If entity is not required to file a Business Privilege Tax Return, check this box.

b If entity not required to file an Income Tax Return and files a Form 990 (does not include 990T) for Federal purposes, check this box.

4 FOR SINGLE MEMBER LIMITED LIABILITY COMPANIES THAT ARE DISREGARDED

OWNER NAME

OWNER EMPLOYER IDENTIFICATION NUMBER

NOTE: This field can be a Federal Employer Identification Number (FEIN) or Social Security Number (SSN).

Alabama Department of Revenue
Certificate of Compliance
4227 Gordon Persons Building
50 North Ripley Street
Montgomery, AL 36132
Fax: (334) 242-1030