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| Date |
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## Conditional Tax Clearance Request

Issued under the provision of Public Act 144 of 1921, as amended; Public Act 265 of 1947, as amended; Public Act 281 of 1967, as amended; Public Act 119 of 1980, as amended; Public Act 167 of 1933, as amended; and Public Act 94 of 1937, as amended.

**IMPORTANT:** This is a request for a Michigan Conditional Tax Clearance by a sole-proprietorship, partnership, limited liability company or corporation that has sold most of its assets, but the corporate shell will remain to continue filing tax returns (when due) until the corporation later determines whether it will file a Certificate of Dissolution with the Corporation Division.

**This form must be completed in its entirety.**

|  |  |   |       |
|--|--|---|-------|
| Name of Sole-Proprietorship, Partnership or Corporation, Limited Liability Company   |  | Federal Employer Identification Number or TR Number   |       |
| Owner(s) Name(s) (if sole-proprietorship or partnership)   |  | Social Security Number(s)   |       |
| 1.   |  | 1.  |       |
| 2.   |  | 2.  |       |
| Doing Business As (trade name)   |  |   |       |
| Business Street Address of Location Requesting Clearance   |  | City  | State |
| ZIP Code   |  |   |       |
| If a Corporation, Date Incorporated in Michigan (mm/dd/yyyy)   |  | Date Business Started at This Location (mm/dd/yyyy)   |       |
| Date Business Discontinued at This Location (mm/dd/yyyy)   |  | Ending Date of Last Payroll at This Location (mm/dd/yyyy)   |       |
| Are you continuing business activity after clearance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  | If Yes, Expected Gross Receipts for the Year  |       |
| Residence Address of Discontinued Taxpayer   |  | Residence Telephone Number (including area code)  |       |
| Does taxpayer operate more than one place of business?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | If multiple locations, is clearance requested for the above location only?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |       |
| Names and Addresses of Business Locations Still in Operation (use reverse side if necessary)   |  |   |       |
| Have you sold or disposed of business to another entity?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | If Yes, Date of Sale (mm/dd/yyyy)   |       |
| If Yes, Name and Address of Purchaser  |  |   |       |
| Purchaser's Federal Employer Identification Number or TR Number  |  | Is money being held in escrow pending receipt of a tax clearance?<br><input type="checkbox"/> Yes <input type="checkbox"/> No      Amount if Yes: |       |
| Business Name and Address of Holder of Escrow Money  |  | Attention:  |       |
| Holder's Telephone Number (include area code)  |  | Month(s) Included on Final Federal 941 Return   |       |
| Name and Location of Holder of Seller's Books and Records  |  |   |       |
| <b>Certification:</b> I declare under penalty of perjury that I am the owner, officer or, member of the business on which tax clearance is requested and that the information is true (Submit a Limited Power of Attorney (Form 3840) if not the owner, officer, or member). |  |   |       |
| Print Name   |  | Title   |       |
| Signature  |  |   |       |

A business requesting a Michigan Conditional Tax Clearance should forward all **unfiled** Michigan tax returns (up to the date of discontinuance) together with all remittances for those returns with this form to the address below. **Mail form directly to: Tax Clearance Section, Michigan Department of Treasury, P.O. Box 30168, Lansing, MI 48909.**