

DEPARTMENT USE ONLY



## APPLICATION FOR TAX CLEARANCE CERTIFICATE

NO FILING FEE

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

Please Type or Print

<b>1</b>	<b>Name of Business</b>		<b>Federal EIN</b>
<b>2</b>	<b>Location of Business (Current Mailing Address)</b>		
<b>P.O. Box, Street and Number or R.D. Number and Box Number</b>		<b>Telephone Number</b> (        )	
<b>City or Town</b>		<b>County</b>	<b>State</b>
<b>3</b>	<b>Name, Address and Phone Number of Attorney or Representative to whom Clearance Certificate should be sent (if different from #2)</b>		
<b>Name</b>		<b>Telephone Number</b> (        )	
<b>P.O. Box, Street and Number or R.D. Number and Box Number</b>			
<b>City or Town</b>		<b>County</b>	<b>State</b>
<b>4</b>	<b>Name (s), Home Address(es) and Social Security Number(s) of Sole Proprietor, General Partners, Business Trustee, President and Treasurer of the Corporation or Chief Executive Officer or Majority Owner of Entity. (Attach listing if necessary.)</b>		
<b>Name</b>		<b>Social Security Number</b>	<b>Telephone Number</b> (        )
<b>P.O. Box, Street and Number or R.D. Number and Box Number</b>		<b>City</b>	<b>State</b>
<b>Name</b>		<b>Social Security Number</b>	<b>Telephone Number</b> (        )
<b>P.O. Box, Street and Number or R.D. Number and Box Number</b>		<b>City</b>	<b>State</b>
<b>5</b>	<b>Type of Business</b>		
<input type="checkbox"/> <b>DOMESTIC CORPORATION</b> (Incorporated in PA)		<input type="checkbox"/> <b>FOREIGN CORPORATION</b> (not incorporated in PA)	<input type="checkbox"/> <b>NONPROFIT CORPORATION</b> (Please submit copy of 501(c) exemption letter)
<input type="checkbox"/> <b>PARTNERSHIP</b>		<input type="checkbox"/> <b>PROPRIETORSHIP</b>	<input type="checkbox"/> <b>LIQUIDATING TRUST</b>
<input type="checkbox"/> <b>ASSOCIATION</b>		<input type="checkbox"/> <b>BUSINESS TRUST</b>	<input type="checkbox"/> <b>LIMITED LIABILITY COMPANY</b>
<input type="checkbox"/> <b>LIMITED LIABILITY PARTNERSHIP</b>		<input type="checkbox"/> <b>OTHER (Specify)</b> _____	
<b>If Domestic Corporation, give incorporation date.</b>		<b>If Foreign Corporation, give state where incorporated and date of Certificate of Authority in PA.</b>	
<b>Registered Pennsylvania Address, P.O. Box, Street and Number</b>			
<b>City or Town</b>		<b>County</b>	<b>State</b>
<b>Date business started in Pennsylvania</b>		<b>Date terminated</b>	
<b>6</b>	<b>Describe the business activity in Pennsylvania, including services performed and rendered, and give principal commodity sold at wholesale or retail. If sales or construction are involved, please explain. If manufacturer's representatives or independent contractors perform activities, render services or execute sales on behalf of the entity rather than entity's employees, please specify what activities were performed, what services were rendered and what type of sales were executed.</b>		
<b>7</b>	<b>Did the entity have employees for which PA personal income tax was required to be withheld from wages?</b>		
<b>8</b>	<b>Did taxpayer ever hold any of the following licenses, permits or accounts with the Commonwealth of PA?</b>		
(a) <b>Corporation Tax</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Period</b> _____ to _____ <b>Revenue ID No.</b> _____
(b) <b>Malt Beverage or Liquor License</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Period</b> _____ to _____ <b>License No.</b> _____
(c) <b>Liquid Fuels</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Period</b> _____ to _____ <b>Permit No.</b> _____
(d) <b>Cigarette Tax</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Period</b> _____ to _____ <b>License No.</b> _____
(e) <b>Sales, Use and Hotel Occ. Tax</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Period</b> _____ to _____ <b>License No.</b> _____
(f) <b>Motor Carrier</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Period</b> _____ to _____ <b>License No.</b> _____
(g) <b>Fuel Dealer-User</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Period</b> _____ to _____ <b>License No.</b> _____
(h) <b>Lottery</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Period</b> _____ to _____ <b>Agent No.</b> _____
(i) <b>Small Games of Chance Mfg. / Distr.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Period</b> _____ to _____ <b>License No.</b> _____
(j) <b>Public Transportation Assistance</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Period</b> _____ to _____ <b>License No.</b> _____
(k) <b>PA Unemployment Compensation</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Period</b> _____ to _____ <b>Account No.</b> _____
(l) <b>PA Oil Company Franchise Tax</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Period</b> _____ to _____ <b>Account No.</b> _____

9	Were the assets or activities of the business acquired in whole or in part from a prior business entity? <input type="checkbox"/> Yes <input type="checkbox"/> No ( If "Yes", give predecessor's name, address and acquisition date. )			
	Name P.O. Box, Street and Number		Acquisition Date	
	City or Town	County	State	ZIP Code
10	Has the business held title to any real estate in the last five years from the date of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<ul style="list-style-type: none"> <li>● If "Yes", complete Schedule A (last page).</li> <li>● If you currently hold title to real estate in PA, complete Schedule B (last page).</li> </ul>			
11	Will the assets or activities of the business be transferred to another?		If "Yes", complete:	
	A. Corporation	<input type="checkbox"/> Yes <input type="checkbox"/> No	F. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
	B. Partnership	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain: _____	
	C. Proprietorship	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	D. Liquidating Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	E. Association	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12	Purpose of Clearance Certificate (check appropriate block):			
	<input type="checkbox"/> A. Dissolution of Corporation or Association through Department of State. <input type="checkbox"/> B. Dissolution of Corporation or Association through Court of Common Pleas. Date Court was petitioned and county: <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <span>(date)</span> <span>(county)</span> </div> <input type="checkbox"/> C. Withdrawal of Foreign Corporation through Department of State <input type="checkbox"/> D. Merger or consolidation of two or more Corporations or Associations where surviving Corporation or Association is not subject to the jurisdiction of Pennsylvania. (See 15 Pa. C.S. § 139.) <input type="checkbox"/> E. Bulk Sale Clearance Certificate under Section 1403 of the Fiscal Code. Sale date: _____ <span>Copy of settlement statement:</span> <span>Corporation Tax Purposes</span> <span>Employer Withholding Tax Purposes</span> <span>Sales, Use and Hotel Occupancy Tax Purposes</span> <span>Unemployment Compensation Tax Purposes</span>			
	<b>STATEMENT OF AUTHORIZATION</b>			
	I authorize the PA Department of Revenue to disclose, verbally or in written form, all tax filings, payments or delinquencies requested by the buyer or his representatives for the bulk sale transfer provision.			
	Authorized by		Title	Date
	<input type="checkbox"/> F. Foreign Corporation Clearance Certificate under the provisions of the Act of 1947, P.L. 493, Contract Number and Political Subdivision: <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div>			
13	Location of business records, available for audit of Pennsylvania operations.			
	P.O. Box, Street and Number		City	State ZIP Code
	Telephone Number ( )			
14	List any matters pending with the PA Department of Revenue (e.g. petitions, appeals): <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div>			
15	Did the business ever, within the Commonwealth of PA:			
	(a) Engage in the sale of soft drinks or soft drink syrup ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Period _____ to _____ (b) Own or lease and operate diesel-powered motor vehicles on PA highways? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Period _____ to _____ (c) Engage in the sale of diesel fuel to motor vehicles using PA highways? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Period _____ to _____ (d) Engage in the sale or lease of tangible personal property since Sept. 1, 1953? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Period _____ to _____ (e) File PA Unemployment Compensation Reports? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Period _____ to _____			
	If "Yes", give Account Number _____ (See question 8k.)			
16	Have you terminated your business activities in Pennsylvania?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> <li>● If "Yes", give distribution of assets date: _____</li> <li>● If "No", explain: _____</li> <li>● If a Foreign Corporation, have you terminated business in the state of your incorporation? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>			

Number of employees and total gross payrolls during the last five operating years (as reported to the Social Security Administration):				
YEAR	TOTAL EMPLOYEES	PA EMPLOYEES	TOTAL GROSS PAYROLL	PA GROSS PAYROLL
17	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
18	Have the officers received any remuneration, in cash or other other form, for services performed in Pennsylvania during the current calendar year or during any of the preceding four calendar years?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
19	Were any remunerated services performed for the business in PA, which you believe did not constitute "employment" as defined in the PA Unemployment Compensation Law? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If "Yes", explain:			
20	A. Average number of stockholders during the last five years: _____			
	B. Number of stockholders as of this report: _____			
	C. List names and home addresses of stock transfer agents who have handled the corporation's stock: Name: _____ Address: _____ _____ _____			
	D. Were all shares presented and property redeemed from any stock called for redemption or retired? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21	The figures below must agree with the last corporate tax report filed with the PA Department of Revenue.			
	Date of Report: _____ Total Liabilities: _____			
	Total Assets: _____ Total Equity (net worth): _____			
22	A. List the amount of corporate bonds issued and still outstanding as of this report. Show each issue separately and include name and address of any transfer or paying agents.			
	Issue	Agent	Number of Outstanding Bonds	Amount
	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
	B. List names and addresses of transfer or paying agents not listed above who have handled corporate bond issues.			
	Name: _____ Address: _____ _____ _____			
23	Have you consumed or used in Pennsylvania any tangible personal property or acquired such, after March 6, 1956, on which no PA sales or use tax was paid? If "Yes", please explain:			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Do you have within your custody, possession or control any abandoned and unclaimed (escheatable) funds or assets such as dividends, payroll, deposits, outstanding checks, stock certificates, unidentified deposits, accounts payable debit balances, gift certificates, outstanding debentures or interest, royalties, mineral rights or funds due missing shareholders or other unclaimed amounts payable?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
25	Has the business filed a PA Abandoned and Unclaimed Property Report for the preceding year?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
26	CERTIFICATION: I certify that the information provided (including Schedules, if applicable) on this application has been examined by me and is, to the best of my knowledge, true and correct. (Certification must agree with individuals listed in Question 4.)			
	Print Name _____ Original Signature _____			
	Print Name _____ Original Signature _____			

**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) or Transferor (OR). Indicate each by symbol EE or OR.	Date of Transfer	Property Location by Local Political Subdivision & County	Acquisition Date	Original Cost		County Assessed Value	Actual Consider- ation including Encumbrance Assumed*	Actual Monetary Worth (Market Value) at Time of Transfer*	Amount of PA Realty Stamps Affixed to Document**	Explanation
				Land	Building					

SCHEDULE B STATEMENT OF ALL PENNSYLVANIA REAL ESTATE NOW OWNED		Property Location by Local Political Subdivision & County	Acquisition Date	Original Cost		County Assessed Value	Actual Consider- ation including Encumbrance Assumed*	Actual Monetary Worth (Market Value) at Time of Transfer *	Amount of PA Realty Stamps Affixed to Document**	Explanation
				Land	Building					

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.