

Bureau of Compliance  
PO BOX 280947  
Harrisburg PA 17128-0947

## REVENUE ID

**Please Type or Print**

1	Name of Business	Federal EIN
2	Location of Business (Current Mailing Address)	
	P.O. Box, Street and Number or R.D. Number and Box Number	Telephone Number ( )
	City or Town County State ZIP Code	
3	Name, Address and Phone Number of Attorney or Representative to whom Clearance Certificate should be sent (if different from #2)	
	Name Telephone Number ( )	
	P.O. Box, Street and Number or R.D. Number and Box Number	
	City or Town County State ZIP Code	
4	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.)	
	Name Social Security Number Telephone Number ( )	
	P.O. Box, Street and Number or R.D. Number and Box Number City State ZIP Code	
	Name Social Security Number Telephone Number ( )	
	P.O. Box, Street and Number or R.D. Number and Box Number City State ZIP Code	
5	Type of Business	
	<input type="checkbox"/> DOMESTIC CORPORATION (Incorporated in PA) <input type="checkbox"/> FOREIGN CORPORATION (not incorporated in PA) <input type="checkbox"/> NONPROFIT CORPORATION (Please submit copy of 501(c) exemption letter) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LIQUIDATING TRUST <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> BUSINESS TRUST <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP <input type="checkbox"/> OTHER (Specify) _____	
	If Domestic Corporation, give incorporation date.	If Foreign Corporation, give state where incorporated and date of Certificate of Authority in PA.
	Registered Pennsylvania Address, P.O. Box, Street and Number	
	City or Town County State ZIP Code	
	Date business started in Pennsylvania	Date terminated
6	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.	
7	Did the entity have employees for which PA personal income tax was required to be withheld from wages?	
8	Did taxpayer ever hold any of the following licenses, permits or accounts with the Commonwealth of PA?	
	(a) Corporation Tax <input type="checkbox"/> Yes <input type="checkbox"/> No    Period _____ to _____	Revenue ID No. _____
	(b) Malt Beverage or Liquor License <input type="checkbox"/> Yes <input type="checkbox"/> No    Period _____ to _____	License No. _____
	(c) Liquid Fuels <input type="checkbox"/> Yes <input type="checkbox"/> No    Period _____ to _____	Permit No. _____
	(d) Cigarette Tax <input type="checkbox"/> Yes <input type="checkbox"/> No    Period _____ to _____	License No. _____
	(e) Sales, Use and Hotel Occ. Tax <input type="checkbox"/> Yes <input type="checkbox"/> No    Period _____ to _____	License No. _____
	(f) Motor Carrier <input type="checkbox"/> Yes <input type="checkbox"/> No    Period _____ to _____	License No. _____
	(g) Fuel Dealer-User <input type="checkbox"/> Yes <input type="checkbox"/> No    Period _____ to _____	License No. _____
	(h) Lottery <input type="checkbox"/> Yes <input type="checkbox"/> No    Period _____ to _____	Agent No. _____
	(i) Small Games of Chance Mfg. / Distr. <input type="checkbox"/> Yes <input type="checkbox"/> No    Period _____ to _____	License No. _____
	(j) Public Transportation Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No    Period _____ to _____	License No. _____
	(k) PA Unemployment Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No    Period _____ to _____	Account No. _____
	(l) PA Oil Company Franchise Tax <input type="checkbox"/> Yes <input type="checkbox"/> No    Period _____ to _____	Account No. _____



<b>17</b>	<b>Number of employees and total gross payrolls during the last five operating years (as reported to the Social Security Administration):</b>				
	<b>YEAR</b>	<b>TOTAL EMPLOYEES</b>	<b>PA EMPLOYEES</b>	<b>TOTAL GROSS PAYROLL</b>	<b>PA GROSS PAYROLL</b>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

**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?  
☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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:  
☐ Yes ☐ 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?  
☐ Yes ☐ No

**25** Has the business filed a PA Abandoned and Unclaimed Property Report for the preceding year?  
☐ Yes ☐ 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 \_\_\_\_\_

This form will serve as an application for clearances from both the PA Department of Revenue and PA Department of Labor & Industry.

**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) 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					

<b>SCHEDULE B STATEMENT OF ALL PENNSYLVANIA REAL ESTATE NOW OWNED</b>		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.