

DEPARTMENT USE ONLY



Bureau of Compliance
PO BOX 280947
Harrisburg PA 17128-0947

APPLICATION FOR TAX CLEARANCE CERTIFICATE

REVENUE ID _____

NO FILING FEE

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	
	P.O. Box, Street and Number or R.D. Number and Box Number		City	State
			State	ZIP Code
	Name		Social Security Number	
	P.O. Box, Street and Number or R.D. Number and Box Number		City	State
			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. MM/DD/YYYY		If Foreign Corporation, give state where incorporated and date of Certificate of Authority in PA. MM/DD/YYYY	
	Registered Pennsylvania Address, P.O. Box, Street and Number			
	City or Town	County	State	ZIP Code
	Date business started in Pennsylvania MM/DD/YYYY		Date terminated MM/DD/YYYY	
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? MM/DD/YYYY			
	(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. _____

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