

# Request for Tax Clearance Certificate – Corporations

|  |   |                                  |  |
|--|---|----------------------------------|--|
| Corporation Name                         |   | California Identification Number |  |
| Current Address                          |   | Phone Number<br>(    )           | Federal Employer Identification Number |
| Date operations commenced in California: | Date operations ceased or will cease in California: | Latest California tax return     |  |
|  |   | Income period:                   | Date filed:                            |

**All tax returns must be filed and balances due must be paid or secured before we will issue a Tax Clearance Certificate. All returns will remain subject to audit until the expiration of the normal statutes of limitations.**

If an individual or another business entity will act as the Assumer of any future tax liability, check the **Assumer** box below and follow the appropriate instructions. Requests taking advantage of the Assumer method generally receive a Tax Clearance Certificate within **30 days**.

**Assumer** Individual or Trust complete pages 2 and 3.  
Corporate, LLC, or LLP complete pages 3 and 4.

If you are requesting a tax clearance without an Assumer, check the appropriate box below. Requests other than the Assumer method generally take **6 to 9 months** to receive a Tax Clearance Certificate.

*Surety Bond*  
 *Cash Deposit*  
 *Taxes Paid* – A final return must be filed before we will issue a Tax Clearance Certificate based on Taxes Paid.

Has the IRS changed the corporation's income tax liability for any years that you have not reported to us?  
 Yes     No

**If yes, send us a copy of the Revenue Agent's Report.**

If the corporation is currently being examined or an examination is pending, identify the agency or agencies below:  
 IRS     FTB     Both

**If being examined, indicate which years:**  
 Current: \_\_\_\_\_  
 Pending: \_\_\_\_\_

**Supplemental information.** Please furnish the following information **ONLY** if the corporation is merging into another business entity and the other business entity will continue to conduct business in California after the merger.

|                                       |   |  |  |
|---------------------------------------|---|--|--|
| Name of Transferee                    |   | California Identification Number of Transferee |  |
| Current Address                       |   | Phone Number<br>(    )                         | Federal Employer Identification Number |
| Date Assets Transferred to Transferee | Section of the Internal Revenue Code applicable to the transfer of taxpayer's business or assets: |  |  |

**We will send a copy of the Tax Clearance Certificate to the California Secretary of State.** If we are to mail the original Tax Clearance Certificate to someone other than the corporation listed above, please complete the following:

|         |                        |
|---------|------------------------|
| Name    | Phone Number<br>(    ) |
| Address |                        |

Mail completed form to: **DOCUMENT FILING SUPPORT UNIT  
 SECRETARY OF STATE – BUSINESS FILINGS  
 1500 11TH STREET  
 SACRAMENTO CA 95814-5701**

For more information concerning this form, telephone the Franchise Tax Board at (916) 845-4124.

**Assistance for persons with disabilities:** We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments please call TTY/TDD (800) 822-6268.

Please complete Section A or B below.

## A. INDIVIDUAL ASSUMPTION OF TAX LIABILITY

|                  |                          |  |
|------------------|--------------------------|--|
| Corporation name |                          | California corporation number          |
| Current address  | Phone number<br>(      ) | Federal employer identification number |

I unconditionally agree to file or cause to be filed with the Franchise Tax Board, under the provisions of the Bank and Corporation Tax Law, all tax returns and data required and to pay in full all accrued or accruing tax liabilities, penalties, interest, and fees due from the above named corporation at the effective date of dissolution or surrender.

My net worth (assets minus liabilities) is not less than: \$ \_\_\_\_\_ .

*(We require a detailed financial statement [PAGE 3].)*

|                                    |                        |
|------------------------------------|------------------------|
| Name of individual assumer (print) | Social security number |
|------------------------------------|------------------------|

|         |                       |
|---------|-----------------------|
| Address |                       |
|         |                       |
|         | Phone number (      ) |

|      |           |
|------|-----------|
| Date | Signature |
|------|-----------|

## B. TRUST ASSUMPTION OF TAX LIABILITY

|                  |                          |  |
|------------------|--------------------------|--|
| Corporation name |                          | California corporation number          |
| Current address  | Phone number<br>(      ) | Federal employer identification number |

This trust unconditionally agrees to file or cause to be filed with the Franchise Tax Board, under the provisions of the Bank and Corporation Tax Law, all tax returns and data required and to pay in full all accrued or accruing tax liabilities, penalties, interest, and fees due from the above named corporation at the effective date of dissolution or surrender:

*(We require a detailed financial statement [PAGE 3].)*

|               |                                     |
|---------------|-------------------------------------|
| Name of trust | Trust federal identification number |
|---------------|-------------------------------------|

|         |                       |
|---------|-----------------------|
| Address |                       |
|         |                       |
|         | Phone number (      ) |

|      |                        |
|------|------------------------|
| Date | Trustee's name (print) |
|      | Trustee's signature    |

FOR PRIVACY ACT NOTICE, GET FORM FTB 1131.

# FINANCIAL STATEMENT FOR INDIVIDUAL OR OTHER ENTITY

Corporation name \_\_\_\_\_

Corporation number \_\_\_\_\_

## Statement of Assets and Liabilities

| Item  | Present value (A) | Liabilities balance due (B) | Equity in asset |
|---|-------------------|-----------------------------|-----------------|
| Cash  |                   |                             |                 |
| Bank accounts   |                   |                             |                 |
| Stocks and bonds  |                   |                             |                 |
| Cash or loan value of insurance                           |                   |                             |                 |
| Household furniture                                       |                   |                             |                 |
| Real property   |                   |                             |                 |
| Vehicles  |                   |                             |                 |
| Other assets (describe)                                   |                   |                             |                 |
|   |                   |                             |                 |
|   |                   |                             |                 |
|   |                   |                             |                 |
|   |                   |                             |                 |
| Federal taxes outstanding                                 |                   |                             |                 |
| Loans   |                   |                             |                 |
| Other (include judgements)                                |                   |                             |                 |
|   |                   |                             |                 |
|   |                   |                             |                 |
|   |                   |                             |                 |
| <b>Net assets</b><br>(Total column A less total column B) |                   |                             | <b>\$</b>       |

### General Information (Please attach additional schedules if necessary.)

Net annual income \_\_\_\_\_

Source (name of business or employer) \_\_\_\_\_

Banks and savings and loan accounts (names and addresses) \_\_\_\_\_

Description and license number of each vehicle \_\_\_\_\_

Stocks and bonds (name of company, number of shares, etc.) \_\_\_\_\_

Real property (brief descriptions and locations) \_\_\_\_\_

I certify that the information above is correct to the best of my knowledge.

Assumer's name (print) \_\_\_\_\_

Assumer's address \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

Assumer's signature \_\_\_\_\_ Date \_\_\_\_\_

