Request for Tax Clearance Certificate — Corporations

Corporation Name				California Identification	n Number	
Current Address		Phone I	Number		Federal Employer Iden	tification Number
		()			
Date operations commenced	Date operations cease				Latest California ta	ix return
in California:	or will cease in Califo	ornia:		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.	Has the IRS changed the corporation's income tax liability for any years that you have not reported to us?
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 .	<i>If yes,</i> send us a copy of the Revenue Agent's Report.
Assumer Individual or Trust complete pages 2 and 3. Corporate, LLC, or LLP complete pages 3 and 4.	If the corporation is currently being examined or an examination is pending, identify the agency or agencies below:
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.	☐ IRS ☐ FTB ☐ Both
 Surety Bond Cash Deposit Taxes Paid – A final return must be filed before we will issue a Tax Clearance Certificate based on Taxes Paid. 	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 ()	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 ()
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	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	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

Stateme	ent of Assets and	Liabilities		
	Present	Liabilities	Equity in	
Item	value (A)	balance due (B)	Equity in asset	
Cash			45561	
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)				
Net assets				
(Total column A less total column B)			\$	
General Information (Ple	ease attach additio	nal schedules if nece	essarv.)	
	ame 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)				
Real property (brief descriptions and locations)				
I certify that the information above is correct to the	he best of my knowledg	e		
	to best of my knowledg	0.		
Assumer's name (print)				
Assumer's address		Phone number (
Assumer's signature		Date)	

CORPORATION, LIMITED LIABILITY COMPANY, OR LIMITED LIABILITY PARTNERSHIP ASSUMPTION OF TAX LIABILITY

agrees to file with the Franchise Tax Board all tax returns and data required and pay in full all tax liabilities, penalties, interest and fees of (1); at the effective date of dissolution or surrender of the corporation. (2) ; at the effective date of dissolution or surrender of the corporation. Printed name and title of officer/manager/partner/member (2) Exact corporation, limited liability company, or limited liability partnership name State of	The Assumption of Tax Liability		
A corporation Ciliforni Corporation number Secretary of Sear file numbers by (2)	of (1))	
California Compation number, Secretary of State file number, or federal employer destification number)	
A corporation, limited liability company, or limited liability partnership California Corporation number, Secretary of State file manher, at folded amployer identification number (Name of assumer) unconditionally agrees to file with the Franchise Tax Board all tax returns and data required and pay in full all tax liabilities, penalties, interest and fees of (1); at the effective date of dissolution or surrender of the corporation. (2)		A corporation)	State file number, or federal employer
Clinical Corporation number. Secretary of Star file and physer identification number. or found employer identification number. The secretary of Star file number. or found employer identification number. (Name of assumer) unconditionally agrees to file with the Franchise Tax Board all tax returns and data required and pay in full all tax liabilities, penalties, interest and fees of (1); at the effective date of dissolution or surrender of the corporation. (2))	
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State of		Exact corporation, minied nating	y company, or minice nativity participant nativ
County of before me, the undersigned, a notary public in and for said state, personally appeared before me, the undersigned, a notary public in and for personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.	Printed name and title of officer/manager/partner/member	Signature and title of	of officer/manager/partner/member
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	WITNESS my hand and official seal.		
Name(typed or printed)	Signature		
(typed or printed)	Name	1)	
	(typed or printed	u)	

Note: LLC, LLP, and corporation assumers must provide a financial statement.