

Tax Clearance Request For Corporation Dissolution or Withdrawal

Issued under the authority of Public Act 228 of 1975, as amended.

NOTICE TO CORPORATIONS: A tax clearance certificate must be obtained within 60 days of dissolution or withdrawal of a corporation from the State of Michigan. A certificate will not be issued until all returns are filed and all liabilities are paid. For additional information, see *Tax Clearance Information* (Form 515). **This form must be completed in its entirety.**

Federal Employer Identification Number (FEIN)		Corporate Identification (CID) Number	
Corporation Name* (list any corporate name change below)			
Street Address	City	State	ZIP Code
Date Business Actually Discontinued in Michigan (mm/dd/yyyy)	Ending Date of Last Payroll Subject to Michigan Withholding (mm/dd/yyyy)		
Date Incorporated (mm/dd/yyyy)	State Incorporated In (If foreign corporation, also complete Form 508)		
Name Incorporated Under	Date Foreign Corporation Authorized to Transact Business in Michigan (mm/dd/yyyy)		
Type of Action Requested of the Michigan Department of Labor and Economic Growth, Corporation Division <input type="checkbox"/> Dissolution <input type="checkbox"/> Withdrawal (From the State of Michigan)		Effective Date (mm/dd/yyyy)	
How does your corporation file the Michigan Annual Report? <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit			
Is corporation undergoing 12-month liquidation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date liquidation will be complete (mm/dd/yyyy)		
*Name Changes and Dates:			
If this corporation had no tax liability or was not required to register with the Michigan Department of Treasury, provide a detailed explanation. Substantiate with attachments.			
Is there a corporation assuming assets or continuing activity of this corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, enter its name		Enter its FEIN
Street Address	City	State	ZIP Code
Certification: I declare under penalty of perjury that I am the owner or authorized representative of the business on which tax clearance is requested and that the information entered is true. (Submit a Limited Power of Attorney (Form 3840) if not the owner, officer or member.)			
Print Name	Title	Telephone Number	
Signature			Date

Attach a copy of your final tax returns with proof of payment, if any, and mail to:

Tax Clearance Section
Michigan Department of Treasury
P.O. Box 30199
Lansing, MI 48909