

Withdrawing Corporation Property and Tax Certificate

Name of Withdrawing Corporation			Federal Employer Identification Number (FEIN)
Street Address			Corporate Identification (CID) Number
City	State	ZIP Code	Business Telephone Number

The foreign corporation identified above desires to WITHDRAW from the State of Michigan.

In order to provide the Tax Clearance Section with the information necessary to properly process and issue the *Tax Clearance Certificate for Dissolution or Withdrawal* (Form 506), the withdrawing corporation must certify the following:

This foreign corporation has in Michigan, or will have in Michigan:	PRIOR to withdrawal from Michigan		AFTER withdrawal from Michigan	
	Yes	No	Yes	No
1. Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Payroll subject to Michigan Income Tax withheld from employees' wages & salaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER obtaining dissolution of the foreign corporation from the Corporation Division (check the appropriate boxes):

- Withdrawing corporation WILL CONTINUE to do business in Michigan. Such business does not constitute transacting business within the provisions of the Business Corporation Act of Michigan.
- Withdrawing corporation WILL CONTINUE to do business in Michigan, and the corporation hereby agrees that it will continue to file (when due) all applicable Michigan tax returns and will pay the tax due.
- Withdrawing corporation WILL NOT CONTINUE to do business in Michigan, and the corporation hereby agrees that it shall furnish all applicable Michigan tax returns and payments, including final returns and payments, to the Michigan Department of Treasury's Tax Clearance Section before it issues Form 506.

Certification: <i>I declare under penalty of perjury that I am the owner or authorized representative of the business on which this form is being submitted and that the information entered is true.</i>	
Print Name	Title
Telephone Number (if different from business)	Date
Signature	

When completed, return this form to:

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