

APPLICATION FOR TAX CLEARANCE FOR DISSOLUTION/WITHDRAWAL (TYPE OR PRINT LEGIBLY)

Date:				
The exact n	ame of the entity as re	egistered with o	ur office is:	
NM Entity#	±	Taxati	on and Revenue ID#	
SUBJECT:	Tax Clearance Request	t for Dissolution	/Withdrawal	
-	is in the process of ditax clearance.	issolving/withd	rawing from the State	of New Mexico and is
FINAL DAY OF BUSINESS: Month			Day	Year
filing repor		due. A final rep	ance for a future date oport may be required the	
			Signature of Office	er or Authorized Agent
NAME:				
ADDRESS: _				
CITY:	ST:	ZIP CODE:		
TELEPHONE	:			
EMAIL ADDI	RESS:			
MAIL TO:	Secretary of State-Ta 325 Don Gaspar, Sui			



DOCUMENT DELIVERY INSTRUCTIONS

(You MUST have one Document Delivery Instruction form for **each** filing being submitted)

Entity Name on filing:							
Mail to (Business or Personal Name):							
Attention (if applicable):							
Document Mailing Address:							
City:	St	ate:	Zip Code:				
Please check to indicate how the documents are to be delivered							
WILL PIC	KUP	MAIL TO ADDRESS	ABOVE				
Please complete the information below if different from above.							
Contact Name:	Contact Phone Number:						
Contact Email:							

IF YOU HAVE SELECTED TO PICK UP YOUR DOCUMENTS, OUR OFFICE WILL CONTACT YOU WHEN YOUR DOCUMENTS ARE COMPLETED AND READY FOR PICK UP. DOCUMENTS <u>WILL NOT BE HELD FOR MORE THAN 5 BUSINESS DAYS</u>. IF YOU HAVE NOT PICKED THEM UP WITHIN THAT TIME FRAME, THEY WILL BE MAILED TO THE ADDRESS LISTED ABOVE. PLEASE CONTACT OUR OFFICE AT 800-477-3632 AND NOTIFY US IF YOU ARE NOT ABLE TO PICK UP WITHIN THAT TIME FRAME.

-- Thank You

DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY