



New Mexico
Secretary of State

325 Don Gaspar, Suite 300 · Santa Fe, NM 87501
(800) 477-3632 · www.sos.state.nm.us

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

Date: _____

The exact name of the entity as registered with our office is:

Business ID # _____ Taxation and Revenue ID # _____

SUBJECT: Tax Clearance Request for Dissolution/Withdrawal

This entity is in the process of dissolving/withdrawing from the State of New Mexico and is requesting tax clearance.

FINAL DAY OF BUSINESS: Month _____ Day _____ Year _____

NOTE: The entity cannot be issued a Tax Clearance for a future date or if it is delinquent in filing reports and/or paying fees due. A final report may be required through the final day of business, you will be advised accordingly.

Signature of Officer or Authorized Agent

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP CODE: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

MAIL TO: Secretary of State-Tax Compliance Section
325 Don Gaspar, Suite 300, Santa Fe NM 87501



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Business Services Division

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DOCUMENT DELIVERY INSTRUCTION FORM

(You must have one Document Delivery Instruction Form for **each** filing being submitted. Please type or print legibly.)

Entity Name: _____

Mailing Address (Include city, state and zip code): _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Please check how the documents are to be delivered

Will Pick Up

Mail to Address Above

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 WILL NOT BE HELD FOR MORE THAN 5 BUSINESS DAYS.** 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 THEM UP WITHIN THAT TIME FRAME.

---THANK YOU