



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:

NM Entity# _____ 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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**SUBMIT ORIGINAL AND A COPY
TYPE OR PRINT LEGIBLY**

**Nonprofit Corporation
ARTICLES OF DISSOLUTION**

Pursuant to the provisions of Section 53-8-51 of the New Mexico Nonprofit Corporation Act, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

ARTICLE ONE: The name of the corporation is (include NM CORP #)

ARTICLE TWO: *(select the appropriate action taken)*

___ The **date of the meeting of members** at which the resolution to dissolve was adopted was _____. A quorum of the members entitled to vote was present and the amendment received at least two-thirds (2/3) of the votes which members present at the meeting or represented by proxy were entitled to cast, or the resolution was adopted by a consent in writing signed by all members entitled to vote thereon.

OR

___ The **date of the meeting of the board of directors** at which the resolution was adopted was _____. The corporation has no members, or no members entitled to vote thereon, therefore the resolution to dissolve was adopted by a majority vote of the board of directors in office.

ARTICLE THREE: *(select the appropriate statement)*

___ A copy of the plan of distribution as adopted by the corporation is **attached**.

OR

___ No plan of distribution was adopted.

ARTICLE FOUR: All debts, obligations and liabilities of the corporation have been paid and discharged or adequate provision has been made therefore. All remaining property and assets of the corporation have been transferred, conveyed or distributed in accordance with the provisions of the Nonprofit Corporation Act. There are no suits pending against the corporation in any court, or adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Dated: _____

Name of Corporation

Two officers must sign: By _____

Signature of Authorized Officer

By _____

Signature of Authorized Officer

**NOTE: ATTACH THE CLEARANCE FOR DISSOLUTION TO THESE
ARTICLES OF DISSOLUTION**

Form DNP-DV (revised 6/13)



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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