



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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SUBMIT ORIGINAL AND A COPY

TYPE OR PRINT LEGIBLY

**Foreign Profit Corporation
APPLICATION FOR CERTIFICATE OF WITHDRAWAL**

The undersigned corporation, in order to apply for a Certificate of Withdrawal under the New Mexico Business Corporation Act, submits the following statement to the Secretary of State:

1. The corporation's name and Business ID # are: _____

2. It is incorporated under the laws of: _____

3. It is not transacting business in New Mexico. It surrenders its authority to transact business in New Mexico. It revokes the authority of its registered agent in New Mexico to accept service of process, and consents that service of process in any action, suit or proceeding based upon any cause of action arising in New Mexico may thereafter be made on it by service thereof on the Secretary of State of New Mexico.

4. The mailing address to which the Secretary of State of New Mexico may mail a copy of any process against the corporation that may be served on it is:

5. The aggregate number of shares which it has authority to issue as of the date of this application, itemized by class and series, if any, within each class is:

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6. The aggregate number of shares that have been issued as of the date of this application, itemized by class and series, if any, within each class is:

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Dated: _____

Name of Corporation

By _____
Signature of Authorized Officer

THE CLEARANCES FOR WITHDRAWAL ISSUED BY THE FOLLOWING NEW MEXICO STATE AGENCIES MUST BE ATTACHED TO THIS DOCUMENT:

- 1) **Taxation and Revenue Department** (“*Certificate of No Tax Due*”)
- 2) **Department of Workforce Solutions** (“*Certificate of Compliance*”)
- 3) **Secretary of State** (“*Letter of Clearance*”)



New Mexico

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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