



# Request for Tax Clearance

**Note:** We will attempt to process and mail your clearance to you within 10 working days.

## Step 1: Identify yourself or your business

1 Name \_\_\_\_\_

2 DBA \_\_\_\_\_  
Doing business as

3 Address \_\_\_\_\_  
Number and street or post office box  
City, state, ZIP \_\_\_\_\_

4 Phone no. ( ) - \_\_\_\_\_  
Area code

5 FEIN \_\_\_\_\_  
Federal employer identification number

6 ROT no. \_\_\_\_\_

7 Social Security no. \_\_\_\_\_

8 Excise tax no. \_\_\_\_\_

9 Date business activity was initiated in Illinois \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

10 Do you make retail sales in Illinois?  yes  no

11 Do you maintain an office in Illinois?  yes  no

12 Do you have employees in Illinois?  yes  no

13 If you want this clearance to be sent to a third party, please write the party's name and address below.

Name \_\_\_\_\_

Address \_\_\_\_\_  
Number and street or post office box

City, state, ZIP \_\_\_\_\_

## Step 2: Identify the taxes for which you are requesting clearance

Check all appropriate boxes.

1  Automobile renting tax

2  Business income tax

3  Excise tax (specify) \_\_\_\_\_

4  Hotel/motel tax

5  Individual income tax

6  Retailer's occupation tax (sales and use taxes)

7  Withholding tax

## Step 3: Tell us why you are requesting clearance

Check all appropriate boxes.

1  Real estate transaction

2  Bank closing

3  Required by a state other than Illinois

4  Sale of business assets (return this letter and Form NUC-542-A to that address shown on that form)

5  Other (specify) \_\_\_\_\_

## Step 4: Sign below

\_\_\_\_\_  
Signature Month / Day / Year

\_\_\_\_\_  
Title (for example, president, owner, partner, individual)

Mail to: ILLINOIS DEPARTMENT OF REVENUE  
TAXPAYER ASSISTANCE DIVISION (3-253)  
PO BOX 19001  
SPRINGFIELD IL 62794-9001

or fax: 217 782-4217

### Official Use Only

This is your approved tax clearance for the item(s) identified in Step 2, Box(es) \_\_\_\_\_, as you requested.

**Note:** This clearance does not preclude assessment for any liability for pending, current, or future taxes or liabilities that may be established by present or future audits conducted by the department. Also, this clearance does not include the Corporate Franchise Tax (see below).

\_\_\_\_\_  
Public Service Administrator Month / Day / Year  
Taxpayer Assistance Division

**Note:** The Corporate Franchise Tax is administered by the Office of the Secretary of State. If you want a Certificate of Good Standing, send your request with a check in the amount of \$5 to: Office of the Secretary of State, Department of Business Services, Certified Copy Section, Springfield, IL 62756. If you have questions about the Corporate Franchise Tax, please call 217 782-6875.