

**WITHDRAWAL OR DISSOLUTION OF A  
CORPORATION AND GUARANTY**  
(Application for Department of Revenue Clearance Certificate)

FEIN No: \_\_\_\_\_

1. Name of Corporation: \_\_\_\_\_  
2. Tax Registration No. (UBI No.) (Required): \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

3. Principal business location in Washington: \_\_\_\_\_

4. Describe the Washington business activities engaged in:  
\_\_\_\_\_  
\_\_\_\_\_

5. Date corporation began business in Washington: \_\_\_\_\_  
6. Date corporation ceased all business activity in Washington: \_\_\_\_\_

7. Have all excise tax returns been filed and paid for all business activity in Washington through the date stated in Question #6?  Yes  No

**If all excise tax returns have not been filed and paid, the application cannot be processed.**

8. If the business is to be carried on by a successor, provide successor's name, address, and Tax Registration/UBI No.

Name of Successor: \_\_\_\_\_ Tax Registration No. (UBI No.) (Required): \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

9. Name and phone number of the person to contact if there are questions regarding this application.

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ FAX: \_\_\_\_\_

10. Name, address, and phone number of person to contact if it is necessary to examine the books and records.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

11. Name and address where you would like the Department of Revenue certificate mailed.

Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

I certify that the above information is true and correct. In consideration of the issuance by the Department of Revenue of its certificate certifying that every license fee, tax increase or penalty imposed under Chapter 180, Laws of 1935 has been paid or provided for by said corporation, the undersigned hereby agrees to pay to Department of Revenue, upon its demand, any and all such fee, tax increase or penalty as may hereafter be determined to be unpaid and payable by this corporation.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Corporate Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Application cannot be processed if not signed and dated.**

For tax assistance, visit <http://dor.wa.gov> or call 1-800-647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call 1-800-451-7985.