



# Tax Clearance Form

Permit Number \_\_\_\_\_

Hearing Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

1 FEDERAL TAX I.D. # _____	State Tax I.D. # _____
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2 **Corporate, partnership, or sole proprietor name:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing or Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

3 **Business trade name, (d.b.a):**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Location Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

4 Is this business registered as a not-for-profit organization in Indiana?  YES  NO

If YES, what is your number? \_\_\_\_\_

5 **Type of Ownership:**

Sole Proprietorship       Corporation (For Profit)       Other (Specify) \_\_\_\_\_

Partnership       Government

6 **All corporations, please answer the following questions. Otherwise, go to question #7.**

State of Incorporation: _____	Date of Incorporation: _____	State of Corporate Domicile: _____
If not an Indiana Corporation, enter date authorized to do business in Indiana: _____		Accounting Period year ending date: <input type="text"/> - <input type="text"/> MONTH DAY

7 **LIST BELOW ALL BUSINESS OWNERS / PARTNERS / OFFICERS: ATTACH A SEPERATE SHEET IF MORE THAN THREE.**

Name. (Last, First)	Title	Address	City	State	Zip Code	Social Security Number
1.						
2.						
3.						

8 Has this business entity ever filed bankruptcy  YES  NO If so, when? \_\_\_\_\_

I authorize the Department of Revenue to release the current tax information of the applicant named above to the Alcohol and Tobacco Commission for the purpose of issuing an ABC Permit with the Statutes of Indiana.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**This Clearance is valid for thirty (30) days only.**

TO: LIQUOR PERMIT APPLICANTS

FROM: INDIANA DEPARTMENT OF REVENUE

SUBJECT: TAX CLEARANCE FORM

IC 7.1-3-21-15 (a) (3) the commission shall not issue, renew, or transfer a wholesaler, retailer, dealer, or other permit of any type if the applicant is on the most recent tax warrant list supplied to the commission by the Department of State Revenue.

To obtain such verification, applicants must file a completed Tax Clearance Form with the Department. Applicants must provide all requested information. Failure to timely file a Tax Clearance form or provide all requested information may result in delay or denial of your application.

Applicants may mail the completed Tax Clearance Form to P.O. Box 2305, Indiana Government Center North, Indianapolis, IN 46206-2305. Applicants may file the Tax Clearance Form in person at Room N-105, Indiana Government Center North.

The Department of Revenue will provide information concerning tax liabilities of applicants to the Alcohol and Tobacco Commission (ATC). ATC will provide verification of the applicant's tax status to the local alcoholic beverage board.

For further information, call (317) 232-5977.

THE ORIGINAL BLUE FORM MUST BE COMPLETED, SIGNED AND RETURNED FOR APPROVAL.

THIS CLEARANCE IS VALID FOR THIRTY (30) DAYS ONLY.

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FOR DEPARTMENT USE ONLY

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A/R \_\_\_\_\_ RST \_\_\_\_\_

WTH \_\_\_\_\_ FAB \_\_\_\_\_

CIT \_\_\_\_\_ IND \_\_\_\_\_

COR \_\_\_\_\_ NFP \_\_\_\_\_

EMPLOYEE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_