



Tax Clearance Request Form for Successor

Date of request: _____

Business name of the predecessor a Tax Clearance is being requested for: _____

Business address: _____

Business contact phone number: _____

Federal Identification Number: _____

Alaska Employer Account Number: _____

Date business was purchased or acquired: _____

Name and address of the person this Tax Clearance is to be returned to: _____

Comments or additional information: _____

For agency use only:

- Tax Clearance is granted
- Tax Clearance is not granted *(please have employer contact the department)*
- No account on file, liability unknown *(please have employer contact the department)*
- Employer has stated no employees, Tax Clearance not required.

Agency representative signature: _____ Date: _____

Agency representative title: _____