North Dakota Office of State Tax Commissioner

Application to Obtain Contractor's Request For Clearance

FOR OFFICE USE ONLY

Pursuant to North Dakota Century Code § 43-07-11.1, as amended, a request for Income, Sales and Use Tax Clearance Application is made on behalf of:

1. Taxpayer Legal Name	2. Federal Employer I.D. Number (FEIN) or Social Security Number
3. Doing Business As Name (if different from line 1)	4. Business Phone

5. Mailing Address	City	State	Zip Code

6. Organization Type ☐ Sole Proprietorship ☐ General Partnership ☐ LLC ☐ Corporation ☐ Limited Partnership ☐ LLP

7. ☐ Resident ☐ Nonresident

8. If incorporated, Date of Incorporation _____

9. Description of business (list all types of activity)

10. Has business activities been conducted in North Dakota anytime during the past three years? ☐ Yes ☐ No

11. Do you have employees for which you have a withholding obligation? ☐ Yes ☐ No

12. Are you making sales on a regular ongoing basis? ☐ Yes ☐ No

13. Application must be signed by authorized individual:

Signature: _____ Date: _____
(Authorized Individual)

Print name: _____ Title: _____ Phone No: _____

I declare under the penalties of North Dakota Century Code ch. 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete application.

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Mail to: **Office of State Tax Commissioner**
Business Registration
600 E. Boulevard Ave., Dept. 127
Bismarck, ND 58505-0599

Contact: **Fax: (701)328-0332**
Phone: (701)328-1241 - Sales
Web site: www.nd.gov/tax
Email: taxregistration@nd.gov

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