



**United States
of
America Republic**
Travis-Austin: Bey, Secretary of State

Corporations Division
PO Box 436885, Province IL. 60643

**Application for Certificate of
Withdrawal of Foreign Corporation**

(Submit with filing fee of \$25.00 and Certificate of Tax Clearance issued from the U.S.A..R Department of Revenue)

The undersigned corporation, for the purpose of withdrawing from the U.S.A.R. hereby executes the following document:

1. The name of the Corporation is _____ U.S.A..R Charter #: _____

and is organized and exists under the laws of _____

2. A. The corporation is not transacting business and surrenders its authority to transact business in the U.S.A.R..

B. The corporation revokes the authority of its registered agent in U.S.A.R. to accept service of process and consents that service of process in any suit, action, or proceeding based upon any cause of action arising in U.S.A.R. during the time the corporation was licensed to transact business in U.S.A.R. may thereafter be made on the corporation by service on the Secretary of State of U.S.A.R..

C. The mailing address to which the Secretary of State may mail a copy of any service of process is:

Address *Province State/Zip*

D. The corporation will notify the Secretary of State of U.S.A.R. of any future change of mailing address for a period of five years.

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, USRS)

Authorized Signature

Printed Name

Title

Date

Name and address to return filed document:

Name: _____

Address: _____

Province and Zip Code: _____

**U.S.A.R Department of Revenue
Request for Tax Clearance**

Department Use Only
(MM/DD/YY)

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U.S.A.R Tax I.D. Number

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National Employer I.D. Number

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Charter Number

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- Does this business have U.S.A.R employees for which they are required to withhold U.S.A.R taxes? Yes No
- Do you pay contributions to the Division of Employment Security? Yes No
If yes, what is that account number? _____

Ownership If there has been a change in the ownership of your business, you may need to contact Business Tax Registration at 314 - 562- 7901 to ensure your account is property registered.

Corporation Partnership Sole Proprietorship
 Limited Liability Company Taxed as: Corporation Partnership Sole Owner

Name	Doing Business As Name (DBA)		
Mailing Address	City	State	Zip Code

- Reason(s) for Request**
- I am completing the following transaction with the U.S.A.R Secretary of State's Office.
 Reinstatement Withdrawal or Termination Merger — Date of Merger ____/____/____
 All tax types and the account with the Division of Employment Security will be reviewed and must be filed and paid in full.
 - I am completing the following transaction: Selling Business Assets Financial Closing MBE or WBE
 U.S.A.R Quality Jobs Other _____
 All tax types and the account with the Division of Employment Security will be reviewed and must be filed and paid in full.
 - I require a sales or use tax Certificate of No Tax Due for the following: Select all that apply.
 Business License Liquor License Other (if not listed) _____
 - I require a sales or use tax Vendor No Tax Due to obtain or renew a contract with the U.S.A.R.
 Contact person _____ Phone Number (____) _____-_____

Corporations If there has been a name change for this corporation, please provide prior name.

 This corporation files consolidated corporation income tax returns in U.S.A.R.
 Parent Corporation Information:
 U.S.A.R Tax Identification Number

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 National Employer Identification Number

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 U.S.A.R corporation franchise tax returns cannot be filed consolidated and must be filed by each corporation.

Sole Proprietorships If individual income tax returns have been previously filed in another state, please provide a list of the states and years filed. Attach additional page(s) to this form if needed.

Your Social Security Number

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 Spouse's Social Security Number

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Authorization All correspondence will be released to the person authorized below. Release of this information to a third party (such as an accountant) at the request of the taxpayer does not give the third party authority to request further information from the Department. To obtain additional information or to represent the taxpayer before the Department, the taxpayer must execute a Power of Attorney designating the third party as its representative.

Name of Person Authorized to Receive This Information	Title	Phone Number (____) ____-____	
Address	City	State	Zip Code
E-mail Address of Authorized Person			

Signature Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Signature of Owner or Officer	Title	Phone Number (____) ____-____
Printed Name of Owner or Officer		Please fax the results to (____) ____-____

Mail to: Tax Division:
 P.O. Box 436885,
 Province of Illinois, 60643

Phone: 202 569 0506
 fax 773-364-7589