



Tax Audit & Collections
20 East Main Street, Suite 450
PO Box 1466
Mesa, Arizona 85211-1466
(480) 644-2051 Tel
(480) 644-2687 Fax

Tax Clearance Request Form

Date: _____

Transaction Privilege Tax# _____

Requestor's Name: _____

Name of Business: _____

Address: _____

City: _____ State: _____ Zip code: _____ Phone #: _____ Fax #: _____

Mailing address to mail request:

The Reason for the request of the Tax Clearance: _____

Dissolution of Corporation Date of Dissolution of Corporation: _____

Sale of Business Date of the Sale: _____ Transaction Privilege Tax# _____

Name of New Owner: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____

Other (please specify): _____

Signature: _____

Print Name: _____

Title: _____

(Corporate Officer, Partner, Owner)

Print and Mail form to: City of Mesa, Tax Audit & Collections, PO Box 1466, Mesa, AZ, 8211-1466.