

Self-Serve Application: <https://www.kdor.org/TaxClearance/Self/Default.aspx>

APPLICATION FOR TAX CLEARANCE

APPLICANT INFORMATION

Business Individual (Please check one) FEIN SSN (Please check one)

Name (Registered)

Identification Number (FEIN or SSN)

Business Name (If different than registered name)

Tax Identification Number

Current Street Address

City, State Zip

Telephone Number

Fax Number

E-Mail Address

TAX ACCOUNT INFORMATION

Check the appropriate tax types you or the business is registered to remit to the State of Kansas.

Individual Income Retailers' Sales Retailers' Comp Use Consumers' Comp Use

Franchise Withholding Non-resident withholding Other _____

Corporate Income _____

Parent Corporation Name (If Corporate Income is filed under Parent Corporation)

Reason for Tax Clearance Request

Type of business (if applicable)

Do you or the business make retail sales in Kansas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you or the business have an office or retail outlet in Kansas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you or the business have employees in Kansas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you or the business have Kansas source income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

VERIFICATION AND AUTHORITY

I declare, under penalties of perjury that, to the best of my knowledge and belief, the above information is true and correct.

Print Name

Title (Corporate Officer, Partner, Individual, etc.)*

Signature

Date

* If applicable, please include documentation of your authority to request tax information (i.e. Power of Attorney, etc.)