



State of New Mexico
Department of Workforce Solutions

WORKFORCE TRANSITION SERVICES

UNEMPLOYMENT INSURANCE

TAX SECTION

TAX CLEARANCE REQUEST

for purposes of corporate Dissolution or Withdrawal

Send to:

New Mexico Department of Workforce Solutions
ES Section Supervisor, Office sub-section(Clearance)

PO Box 2281

Albuquerque, New Mexico 87103

1. Corporation dissolving or withdrawing from New Mexico

Name: _____

Federal Employer Identification number _____

Public Regulation Number: _____

Address: _____

City, State, Zip _____

2. Has the above corporation ever paid wages in New Mexico? No Yes

If No, proceed to item #5

If Yes, continue to item #3

3. Has this corporation ever been registered with the New Mexico Department of Labor to pay unemployment insurance taxes? No Yes

If Yes, Please provide the Employer Account Number: _____

Last date wages were paid in New Mexico: _____

If No, please complete form ES-802, Status Report in its entirety and return with this request.

4. Has final wage report and monies been submitted: No Yes

If no please submit final report and monies due with this request

5. Mailing address for Clearance Certificate if different from above address:

Address: _____

City, State, Zip _____

6. Requested by: Name and

title(Print): _____

Phone number _____ Fax number _____

Email _____

7. Signature: _____ DATE _____

OFFICE USE ONLY

No Wages Paid in New Mexico, OK for Clearance

Wages Paid in New Mexico, OK for Clearance because:

Account Number Inactive

No Delinquency

File by employer number

File by Alpha