



**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.