



Indiana Department of Revenue  
**Tax Clearance Form**

Permit Number	Hearing Date	Expiration Date
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**1. Tax Identification Numbers**

Federal ID Number (FID)	State Tax ID Number (TID)
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**2. Corporate, Partnership, or Sole Proprietor Information**

Name		Phone Number	
Mailing or Street Address			
City	State	ZIP Code	County

**3. Business Trade Name (DBA)**

Name		Phone Number	
Location Address			
City	State	ZIP Code	County

**4. Nonprofit Information**

Is this business registered as a nonprofit organization in Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is your number? _____
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**5. Type of Ownership**

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation (For Profit)	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Government	_____

**6. All corporations, please complete the following information. All others, go to line 7.**

State of Incorporation	Date of Incorporation	State of Corporate Domicile
If not a corporation, enter date authorized to do business in Indiana.		Accounting Period Year Ending Date (mm dd)

**7. List below all business owners, partners, and officers. Attach a separate sheet if more than three.**

Name (Last, First)	Title	Address (Street, City, State, and ZIP Code)	Social Security Number
1.			
2.			
3.			

**8. Bankruptcy Information**

Has this business entity ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when? _____
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I authorize the Department of Revenue to release the current tax information of the applicant named above to the Alcohol and Tobacco Commission for the purpose of issuing an ABC Permit.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**This clearance is valid for thirty days only.**

To: Liquor Permit Applicants

From: Indiana Department Of Revenue

Subject: Tax Clearance Form

IC 7.1-3-21-15 (a) (3) the commission shall not issue, renew, or transfer a wholesaler, retailer, dealer, or other permit of any type if the applicant is on the most recent tax warrant list supplied to the commission by the Department of State Revenue.

To obtain such verification, applicants must file a completed Tax Clearance Form with the Department. Applicants must provide all requested information. Failure to timely file a Tax Clearance form or provide all requested information may result in delay or denial of your application.

Applicants may mail the completed Tax Clearance Form to Room N-202, Indiana Government Center North, Indianapolis, Indiana 46204. Applicants may file the Tax Clearance Form in person at Room N-105, Indiana Government Center North.

The Department of Revenue will provide information concerning tax liabilities of applicants to the Alcohol and Tobacco Commission (ATC). ATC will provide verification of the applicant's tax status to the local alcoholic beverage board.

For further information, call (317) 232-5977.

**The original blue form must be completed, signed and returned for approval.**

**This clearance is valid for thirty days only.**

**Department Use Only**

A/R \_\_\_\_\_

RST \_\_\_\_\_

WTH \_\_\_\_\_

FAB \_\_\_\_\_

CIT \_\_\_\_\_

IND \_\_\_\_\_

COR \_\_\_\_\_

NFP \_\_\_\_\_

Employee \_\_\_\_\_

Date \_\_\_\_\_

Supervisor \_\_\_\_\_