

Department of Labor and Workforce Development

Division of Employment and Training Services Employment Security Tax

> P.O. Box 115509 Juneau, AK 99811-5509

Relay Alaska (in state): 800.770.8973 or 7.1.1 Relay Alaska (out of state): 800.770.8255

Toll free: (888) 448-2937 Phone: (907) 465-2787 Fax: (907) 465-2374

Tax Clearance Request Form for Successor

| Date of request: | |
|--|---------|
| Business name of the predecessor a Tax Clearance is being requested for: | |
| | |
| Business address: | |
| Decision and the second of the | |
| Business contact phone number: | |
| Federal Identification Number: | |
| Alaska Employer Account Number: | |
| Date business was purchased or acquired: | |
| | |
| Name and address of the person this Tax Clearance is to be returned to: | |
| | |
| Comments or additional information: | |
| | |
| For agency use only: | |
| ☐ Tax Clearance is granted | |
| Tax Clearance is not granted (please have employer contact the department) | |
| ☐ No account on file, liability unknown (please have employer contact the department) | |
| ☐ Employer has stated no employees, Tax Clearance not required. | |
| | D |
| Agency representative signature: | _ Date: |
| Agency representative title: | |