



New Mexico
Secretary of State

325 Don Gaspar, Suite 300 · Santa Fe, NM 87501
(800) 477-3632 · www.sos.state.nm.us

APPLICATION FOR TAX CLEARANCE
FOR DISSOLUTION/WITHDRAWAL
(TYPE OR PRINT LEGIBLY)

Date: _____

The exact name of the entity as registered with our office is:

Business ID # _____ Taxation and Revenue ID # _____

SUBJECT: Tax Clearance Request for Dissolution/Withdrawal

This entity is in the process of dissolving/withdrawing from the State of New Mexico and is requesting tax clearance.

FINAL DAY OF BUSINESS: Month _____ Day _____ Year _____

NOTE: The entity cannot be issued a Tax Clearance for a future date or if it is delinquent in filing reports and/or paying fees due. A final report may be required through the final day of business, you will be advised accordingly.

Signature of Officer or Authorized Agent

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP CODE: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

MAIL TO: Secretary of State-Tax Compliance Section
325 Don Gaspar, Suite 300, Santa Fe NM 87501



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**SUBMIT ORIGINAL AND A COPY
TYPE OR PRINT LEGIBLY**

Profit Corporation

ARTICLES OF DISSOLUTION

Pursuant to the provisions of Section 53-16-11 of the New Mexico Business Corporation Act, the undersigned corporation adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

ARTICLE ONE: The corporation's name is (include the Business ID#): _____

ARTICLE TWO: A Statement of Intent to Dissolve the corporation was filed with the Secretary of State on:

ARTICLE THREE: All debts, obligations and liabilities of the corporation have been paid and discharged or adequate provision has been made therefore. The remaining property and assets of the corporation have been distributed among its shareholders in accordance with their respective rights and interests. There are no suits pending against the corporation in any court, or adequate provision has been made for the satisfaction of any judgment, order or decree that may be entered against it in any pending suit.

Dated: _____

Printed Name and Title of Authorized Officer

By: _____
Signature of Authorized Officer

THE CLEARANCES FOR DISSOLUTION ISSUED BY THE FOLLOWING NEW MEXICO STATE AGENCIES MUST BE ATTACHED TO THIS DOCUMENT:

- 1) Taxation and Revenue Department ("Certificate of No Tax Due")
- 2) Department of Workforce Solutions ("Certificate of Compliance")
- 3) Secretary of State ("Letter of Clearance")

Form DPR-DV
(revised 11/18)



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Secretary of State

Business Services Division

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DOCUMENT DELIVERY INSTRUCTION FORM

(You must have one Document Delivery Instruction Form for **each** filing being submitted. Please type or print legibly.)

Entity Name: _____

Mailing Address (Include city, state and zip code): _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

Please check how the documents are to be delivered

Will Pick Up

Mail to Address Above

IF YOU HAVE SELECTED TO PICK UP YOUR DOCUMENTS, OUR OFFICE WILL CONTACT YOU WHEN YOUR DOCUMENTS ARE COMPLETED AND READY FOR PICK UP. **DOCUMENTS WILL NOT BE HELD FOR MORE THAN 5 BUSINESS DAYS.** IF YOU HAVE NOT PICKED THEM UP WITHIN THAT TIME FRAME, THEY WILL BE MAILED TO THE ADDRESS LISTED ABOVE. PLEASE CONTACT OUR OFFICE AT 800-477-3632 AND NOTIFY US IF YOU ARE NOT ABLE TO PICK THEM UP WITHIN THAT TIME FRAME.

---THANK YOU