



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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DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY

Instructions For Completing Form FNP-WD (Application for Certificate of Withdrawal)

Item 1: Enter the complete name of the corporation, as it currently appears on the records of the Ugetgvct {"qh"Ucvg, and the Business ID # (charter ID number found on the Certificate of Authority).

Item 2: Enter the state or country where the corporation originally filed to become incorporated.

Item 3: These statements are required to be set forth in the application for Certificate of Withdrawal. By signing this application, the corporation is affirming these statements.

Item 4: Enter the mailing address to which a copy of any process against the corporation could be mailed by the New Mexico Secretary of State.

Date and Execution: Enter the date the application was executed (signed). Enter the name of the applying corporation on the line provided. The application must be signed by two authorized officers of the corporation.

NOTE: Attach the Secretary of State clearance for withdrawal to the application.



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SUBMIT ORIGINAL AND A COPY
TYPE OR PRINT LEGIBLY

Foreign Nonprofit Corporation

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

The undersigned corporation, in order to apply for a Certificate of Withdrawal under the New Mexico Nonprofit Corporation Act, submits the following statement to the Secretary of State:

1. The corporation's name is (include the Business ID#): _____

2. It is incorporated under the laws of:

3. It is not conducting affairs in New Mexico. It surrenders its authority to conduct affairs in New Mexico. It revokes the authority of its registered agent in New Mexico to accept service of process, and consents that service of process in any action, suit or proceeding based upon any cause of action arising in New Mexico during the time the corporation was authorized to conduct affairs in this state may thereafter be made on the corporation by service thereof on the Secretary of State of New Mexico.

4. The mailing address to which the Secretary of State of New Mexico may mail a copy of any process against the corporation that may be served on it is: _____

Dated: _____

Name of Corporation

Two officers must sign:

By _____
Signature of Authorized Officer

By _____
Signature of Authorized Officer

NOTE: ATTACH THE CLEARANCE FOR WITHDRAWAL TO THIS APPLICATION.

Form FNP-WD
(revised 06/13)



New Mexico

Secretary of State

Business Services Division

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DOCUMENT DELIVERY INSTRUCTIONS

(You MUST have one Document Delivery Instruction form for **each** filing being submitted)

Entity Name on filing: _____

Mail to (Business or Personal Name): _____

Attention (if applicable): _____

Document Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please check to indicate how the documents are to be delivered

WILL PICKUP

MAIL TO ADDRESS ABOVE

Please complete the information below if different from above.

Contact Name: _____ Contact Phone Number: _____

Contact Email: _____

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 UP WITHIN THAT TIME FRAME.

-- Thank You

DOCUMENTS MUST BE TYPED OR PRINTED LEGIBLY