



**DIVISION OF REVENUE AND TAXATION
COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS**

Central Office, Joeten Building, DanDan, Saipan, MP 96950

Tel: (670) 664-1000 Fax: (670) 664-1015



**APPLICATION FOR LETTER OF COMPLIANCE
AND/OR TAX CLEARANCE**

NOTE: IN ORDER TO EXPEDITE THE REVIEW AND VERIFICATION OF YOUR APPLICATION, IT IS RECOMMENDED THAT YOU SUBMIT AND DOCUMENT ANY INFORMATION THAT WOULD SUBSTANTIATE YOUR COMPLIANCE WITH CNMI TAX LAWS.

PART A. COMPLETE ALL FOLLOWING INFORMATION. IF ITEM DOES NOT APPLY, INDICATE "N/A".

(Please type or print in ink)

Taxpayer Name Corporate Name:	Social Security Number(s)	Type of Business/Activity
Business Name	Taxpayer Identification Number(s)	Date Inc: Date Business Began:
Mailing Address	Telephone Number(s)	Number of Employee(s)
Business Form(Please Mark) <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corp <input type="checkbox"/> Others _____	Purpose of Request New or Renewal Certificate of Authority or Insurance License	

PART B.

I, _____, _____ TITLE _____ of the above-named taxpayer do hereby apply for a Letter of Compliance and/or Tax Clearance with the CNMI Division of Revenue and Taxation and do declare, under penalties of perjury, that I have no outstanding tax liabilities with the CNMI Division of Revenue and Taxation and that I have complied with the tax filing requirements of Title 4, Division 1, of the Commonwealth Code, for the taxable year/period ended _____, for the following taxes:

FOR OFFICIAL USE ONLY	VERIFIED

Date Prepared	_____
Preparer Initials	_____
Manager, Compliance Initials and Date	_____

- Withholding Taxes - - Wage and Salary Tax and NMTT
- Business Gross Revenue Tax
- Bar Tax
- Hotel Occupancy Tax
- Northern Marianas Territorial Income Tax:
 - 1040 Other _____
 - 1120
- Wage and Salary Tax (for individuals)
- Other _____

PART C.

By signing below, I signify that I understand that receipt of a Letter of Compliance and/or Tax Clearance does not prevent the CNMI Division of Revenue and Taxation from making additional assessments as may be determined upon an examination of the books and records of the above-referenced taxpayer or as by any other lawful means. Also by signing below, I declare under penalties of perjury that I have not presented any false or fraudulent information to the Division of Revenue and Taxation in order to obtain a Letter of Compliance and/or Tax Clearance. By signing below, I also am hereby authorizing the Division of Revenue and Taxation to disclose to the Department of Commerce, to the Department of Labor and Immigration, to the Registrar of Corporations, or any other person or entity designated by the taxpayer, the tax return and return information that will be contained within a Letter of Compliance and/or Tax Clearance if and when received.

TAXPAYER (AUTHORIZED) SIGNATURE

DATE

PRINT NAME OF TAXPAYER (AUTHORIZED) SIGNATURE

TITLE

The Secretary of Commerce may revoke or suspend any license under §5611 of 4 CMC upon finding that the licensee presented false or fraudulent information to any person in support of his application. Sec. 5611(f)(1)(A), 4 CMC.