TAX CLEARANCE APPLICATION FORM Form I-9

Name:			
Doing Business As (D	BA) Name, if any:		
SSN:	EIN:		
GRT Account Number	r:		
Type of License Appli	ed:		
	[] New	[] Renewa	1
Office Address:			
Business Mailing Add	ress:		
Phone Numbers: (H) _	(C)	(V	V)
Email Address:			
	(Appli	icant)	
	(Autho	orized Signature)	
	(DO NOT TYP)	E BELOW THIS LINE	
The above-stated a		tax clearance for issuar Branch stamps below)	nce of New / Renewal Business
(1) GRT/ISBRE	(2) General Licensing *For Corporations & LLC's only	(3) ITAPB	(4) COLLECTIONS
Cleared By: Date:	Cleared By: Date:	Cleared By: Date:	Cleared By: Date: