



Request for a Certificate of Good Standing and/or Tax Compliance or Waiver of Corporate Tax Lien

Massachusetts
Department of
Revenue

This application may be used to request a Certificate of Good Standing/Letter of Compliance, Waiver of Corporate Tax Lien, Certificate of Good Standing for a Non-Profit Organization or Liquor License.

If this matter is to be discussed with any third parties, complete the Power of Attorney section below. Mail your request as soon as possible to Massachusetts Department of Revenue, PO Box 7066, Boston, MA 02204 or fax to (617) 887-6262. For further information, call (617) 887-6367.

When completing this form, be sure to print legibly.

Name of organization or individual	Trade name or DBA	Federal ID or Social Security no. (REQUIRED)	
Street address (<input type="checkbox"/> CHECK IF NEW ADDRESS)	City/Town	State	Zip
Contact person	Daytime telephone (REQUIRED)		
Street address (if different from above)	City/Town	State	Zip

Type of Application

Type of organization (check one):

- Corporation Partnership Sole proprietor Individual LLP LLC Professional license renewal Trust
 Other _____

Social Security number (REQUIRED if sole proprietor or single-member LLC) _____

New business. Date formed _____

Employer Identification number (EIN) of principal reporting corporation if a combined corporate tax filer (REQUIRED) _____

Purpose of application (check one):

- Certificate of Good Standing/Letter of Compliance
 Certificate of Good Standing for a Non-Profit Organization (enclose REQUIRED copy of 501c3 from the IRS)
 Certificate of Good Standing Relating to an ABCC Liquor License Transfer or Operational/Administrative Changes

Transferring liquor license (check one): Yes No. Name of buyer _____

Address of DBA location	City/Town	State	Zip
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List all tax identification numbers filed for this entity (e.g., meals, sales, withholding, room occupancy or income):

Waiver of Corporate Tax Lien (does not apply to entities not taxed as a corporation)

If requesting Waiver of Corporate Tax Lien, attach price and legal description of assets to be sold and complete the following:

Name of transferee	Date of transfer or sale (REQUIRED)
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Street address	City/Town	State	Zip
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List assets _____

Affidavit (REQUIRED)

Under the penalties of perjury, I declare that my company is responsible for the following taxes (REQUIRED; check all that apply):

- Withholding Sales/Use Meals Room Occupancy Corporate Other

Signature of taxpayer or corporate officer (REQUIRED)	Date
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See General Information on page 2

Power of Attorney

Complete this section if you wish to authorize another individual to sign documents on your behalf. In addition, that individual (“attorney-in-fact”) must complete the Declaration of Representative section on reverse.

Name of attorney-in-fact		Daytime telephone	
Street address	City/Town	State	Zip

I, _____, hereby authorize the above-named individual to represent me as attorney-in-fact before the Certificate Unit of the Massachusetts Department of Revenue for the following type(s) of tax, and for the period(s) of time indicated.

Type of tax	Period	Type of tax	Period

The above-named attorney-in-fact is authorized, subject to any limitations set forth below or to revocation, to receive confidential information and to perform any and all acts that can be performed by the taxpayer with respect to the above-specified tax type(s), excluding the power to receive tax refund checks. The attorney-in-fact is **not** authorized to:

Restriction(s)	
Signature of taxpayer	Date

Declaration of Representative

I declare that I am not currently under suspension or disbarment from practice within the Commonwealth or in any jurisdiction, that I am aware of regulations governing the practice of attorneys, certified public accountants, public accountants, enrolled agents and others, and that I am one of the following:

1. A member in good standing of the bar of the highest court of the jurisdiction shown below;
2. Duly qualified to practice as a certified public accountant or public accountant in the jurisdiction shown below;
3. Enrolled as an agent under the requirements of Treasury Department Circular No. 230;
4. A bona fide officer of the taxpayer organization;
5. A full-time employee of the taxpayer;
6. A member of the taxpayer’s immediate family (spouse, parent, child, brother or sister);
7. A fiduciary for the taxpayer;
8. Other (attach statement)

and that I am authorized to represent the above-named taxpayer for the above-specified tax type(s).

Designation (insert appropriate number from above list)	Jurisdiction (state, etc.) or enrollment card number	Signature	Date

General Information

If the applicant is a partnership and has not filed a Form 3, Partnership Return of Income, for the last two years, submit complete copies of Form 3 with this application.

Any missing “**REQUIRED**” information will delay the processing of your claim.

If a “Professional license renewal” application, all returns must be filed and paid. If in a valid payment agreement, all required payments must be made.

Paper applications must be submitted for requests of corporate tax lien waivers, sole proprietors and combined corporate excise members not filing Form 355U under their own Federal Identification number.

Note: Any correspondence or certificate will be sent to the legal address of the taxpayer recorded at the Department of Revenue. The corporate name printed on the certificate will be the same as the name recorded at the office of the Secretary of State.