

# REQUEST FOR CERTIFICATE OF ACCOUNT STATUS TO TERMINATE A TAXABLE ENTITY'S EXISTENCE IN TEXAS

**ATTENTION:** An entity that intends to dissolve or otherwise end its legal existence must be current with tax filing requirements for all taxes administered by the Comptroller under Title 2 of the Texas Tax Code and all tax accounts for those taxes must be closed. To determine if the entity is current in tax requirements and to close any open tax accounts, call (800) 252-1381 or (512) 463-4600.

## SECTION A - ENTITY INFORMATION

Legal entity name	Taxpayer number	File number (From the Texas Secretary of State)
1. Is this a passive entity, as defined in Chapter 171 of the Texas Tax Code, for the accounting period covered by the final report? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If the answer is "YES," enter the first report year the entity qualified as passive and skip to Section B.</i> ..... <input type="text"/>		
2. Is this entity a member of an affiliated group that will be required to file a combined report? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If the answer is "YES," enter the following information for the entity that will report on your behalf. If the answer is "NO," skip to Section B.</i> Legal name of REPORTING ENTITY <input type="text"/> Texas taxpayer number / FEI number <input type="text"/>		
3. Is this entity's accounting year begin date on or after the accounting year begin date to be used by the combined group on its franchise tax report? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If the answer is "YES," this entity's information MUST be included in the combined group report. If the answer is "NO," enter the following information.</i> This entity's accounting year begin date ..... <input type="text"/> month <input type="text"/> day <input type="text"/> year The day before the accounting year begin date of the combined group ..... <input type="text"/> month <input type="text"/> day <input type="text"/> year		

## SECTION B - TEXAS ENTITY - If the entity is formed in Texas, indicate the filing for which the certificate is required.

DISSOLUTION / TERMINATION     
  MERGER     
  ENTITY CONVERSION

## SECTION C - NON-TEXAS ENTITY - If the entity is formed outside of Texas, please complete the following information.

1. Is the entity still conducting business in Texas? .....  YES  NO

2. If "NO," enter the last day of business activity in Texas: \_\_\_\_\_

3. Does the entity still have an active charter in its home state? .....  YES  NO

4. If "NO," please indicate how the home state charter was terminated and the effective date:

Dissolution effective date: .....  month  day  year

Merger effective date: .....  month  day  year      Name of survivor: \_\_\_\_\_

Entity conversion effective date: ...  month  day  year

**NOTE:** If the home state charter has been terminated, a copy of the home state documentation evidencing that the entity ceased to exist must accompany this request. The home state documentation must bear the seal of the Secretary of State or other appropriate filing agency and the effective date of the filing.

## SECTION D - CERTIFICATE INFORMATION

The Secretary of State offers filing of dissolutions and withdrawals through the SOSDirect System, on-line at [www.sos.state.tx.us/corp/sosda/index.shtml](http://www.sos.state.tx.us/corp/sosda/index.shtml). To assist you in filing these forms you can request the Certificate of Account Status in electronic (.PDF) format. FAX is also available for your convenience. Please note that all requests are processed in the order received, regardless of the format you select.

Please indicate how you would like to receive your certificate.

FAX      FAX number (Area code and number): \_\_\_\_\_ Telephone number (Area code and number): \_\_\_\_\_

.PDF      E-mail address: \_\_\_\_\_

Mail      Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Requestor name (Please type or print)	Telephone number & extension
---------------------------------------	------------------------------


 Authorized agent

For information about Franchise Tax call (800) 252-1381 or (512) 463-4600. Details are also available online at <a href="http://www.window.state.tx.us">www.window.state.tx.us</a> .	Mail to: COMPTROLLER OF PUBLIC ACCOUNTS P.O. Box 149348 Austin, TX 78714-9348
---	---