



Tax Clearance Request Form for Contractors

Date of Request: _____

Business name of the contractor a Tax Clearance is being requested for: _____

Business Address: _____

Business Contact Phone No.: _____

Federal Identification Number: _____

Alaska Employer Account Number: _____

Specific time period a tax clearance is being requested for (*i.e. beginning and ending date of a subcontract agreement*):

Subcontract Project Name: _____

Name and address of the person this Tax Clearance is to be returned to: _____

Comments or additional information: _____

For Agency Use Only

- Tax Clearance is granted
- Tax Clearance is not granted (*please have employer contact the department*)
- No account on file, liability unknown (*please have employer contact the department*)
- Employer has stated no employees, Tax Clearance not required.

Agency Representative Signature: _____ Date: _____

Agency Representative Title: _____