

Alaska Department of Revenue  
**TAX CLEARANCE REQUEST FORM**

**Contractor Name:** \_\_\_\_\_

**Project Name and Number:** \_\_\_\_\_

**EIN/SSN:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

I hereby authorize the Alaska Department of Revenue to release to

\_\_\_\_\_ **Department of Transportation, State of Alaska** \_\_\_\_\_,  
(Name of Department or Agency)

whose facsimile number is \_\_\_\_\_,

confirmation that all taxes, penalties and interest due the Department of Revenue have been paid and that there are no outstanding amounts due.

**Contractor Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title\*:** \_\_\_\_\_

\*If tax clearance is being requested on behalf of a corporation/LLC/partnership, must be signed by an officer/member/partner.

**Send completed form by facsimile to the Department of Revenue at (907)465-2375**

<i>DEPARTMENT USE ONLY</i>	
<input type="checkbox"/> <i>The above applicant is current on all taxes, penalties and interest due and is in good standing with the Alaska Department of Revenue.</i>	
<input type="checkbox"/> <i>The above applicant is not current on all taxes, penalties and interest due and is not in good standing with the Alaska Department of Revenue.</i>	
_____	_____
<i>Department of Revenue Representative</i>	<i>Date</i>