



**REQUEST FOR RENAISSANCE ZONE CERTIFICATE OF GOOD STANDING OR STATE TAX CLEARANCE RECORD**  
 OFFICE OF STATE TAX COMMISSIONER  
 SFN 28220 (09-2017)

<b>ND Tax Department Use Only</b>	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Not approved

**Part 1 - Type of request**

This is a request for a: *(Check applicable box)*

**A.**  Renaissance zone certificate of good standing (N.D.C.C. § 40-63-11)

**B.**  State tax clearance record for local tax incentive other than a renaissance zone incentive (N.D.C.C. § 57-01-15.1)

**Part 2 - Taxpayer information**

Legal name of taxpayer <i>(If a sole proprietorship, enter name of individual who owns the business.)</i>			
Trade or doing business as name, if different from legal name above			
Current mailing address		City	State
ZIP Code			
Type of entity	<input type="checkbox"/> Limited liability company <i>(filing as a partnership)</i> <input type="checkbox"/> Limited liability company <i>(filing as an S corporation)</i> <input type="checkbox"/> Limited liability company <i>(treated as a disregarded entity) - Identify owner below:</i> Owner's name: _____ Owner's social security number or FEIN: _____ <input type="checkbox"/> Other <i>(Identify)</i> _____		
<input type="checkbox"/> Individual <i>(or sole proprietorship)</i> <input type="checkbox"/> Regular (C) corporation <input type="checkbox"/> Partnership <i>(all types)</i> <input type="checkbox"/> Subchapter S corporation <input type="checkbox"/> Estate or trust			
Social security number <i>(of individual or owner of sole proprietorship)</i>	Federal employer identification number (FEIN) <i>(If a sole proprietorship, enter FEIN if it has one)</i>		
Is taxpayer a newly created business this year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If taxpayer is a business, what is the principal business activity? _____			
Did taxpayer file a North Dakota income tax return for the most recent tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If a newly created business this year, skip this question.)</i>			
If no, explain _____			
Does (or will) taxpayer sell tangible personal property or services for which North Dakota sales tax must be collected from the customer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, has taxpayer applied for or obtained a North Dakota sales tax permit? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, explain _____			
Does (or will) taxpayer have employees whose wages are subject to North Dakota income tax withholding? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, has taxpayer registered for North Dakota income tax withholding? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, explain _____			
Taxpayer's signature			Date
Printed name of taxpayer			Contact Telephone Number

**PRIVACY ACT NOTIFICATION**

In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 57-01-15 and 57-38-42, and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.

**Mail request to:** Individual Income Tax Section  
 Attn: Supervisor  
 Office of State Tax Commissioner  
 600 E. Boulevard Ave.  
 Bismarck ND 58505-0599

**Or fax request to:** 701.328.1942

**Important:** The renaissance zone certificate of good standing or state tax clearance record will only be sent to the taxpayer or to the taxpayer's designated representative shown on a North Dakota Form 500 attached to this form.

