



Dissolution / Withdrawal Form

Today's Date _____ Contact/Email _____

Firm/Name _____

Phone # _____ Your Fax # _____

Address for delivery of Documents _____

1. Level of Service: Routine _____ Expedited _____

* Fee / Timeframe will vary by State

2. Name of Entity: _____

3. The Original State of Formation is _____ Date Formed _____

4. If this is a foreign entity:

State of Foreign Qualification _____ Date Formed _____

If the name of the Company has been changed, please enter the original name under which it was formed.

7. Original Entity Name _____

8. Business Address _____

_____ County _____

9. Federal EIN / Tax ID# _____

10. Name _____ SS # _____ Title _____

Address _____

11. Name _____ SS# _____ Title _____

Address _____

In order to dissolve a corporation, we must request consent to dissolution from the Tax Department. The Tax Department will not consent to the dissolution of a business corporation unless the Franchise Tax Returns are filed and its Franchise Taxes are paid. Also, any liability for other taxes administered by the Tax Department must be satisfied. If there are delinquent returns or tax liabilities, the Tax Department will notify us upon the request for consent to dissolution. Once the consent to dissolution has been granted, we will then submit the Certificate of Dissolution for filing with the Secretary of State. You will be charged a Special Agency Clearance fee, regardless of whether consent is granted.

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