



**DIVISION OF REVENUE AND TAXATION
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**

Central Office, Joeten Building, Dan Dan, Saipan, MP 96950
T. (670) 664.1000 F. (670) 664.1015



**APPLICATION FOR LETTER OF COMPLIANCE
AND/OR TAX CLEARANCE**

Form **OS-3805**

IN ORDER TO EXPEDITE THE REVIEW AND VERIFICATION OF YOUR APPLICATION, IT IS RECOMMENDED THAT YOU SUBMIT AND DOCUMENT ANY INFORMATION THAT WOULD SUBSTANTIATE YOUR COMPLIANCE WITH THE CNMI TAX LAWS. COMPLETE ALL FOLLOWING INFORMATION. IF ITEM DOES NOT APPLY, INDICATE "N/A". PLEASE TYPE OR PRINT IN INK.

PART A.

Taxpayer name		Social security number(s)		Type of business / activity	
Business name			Taxpayer Identification Number (TIN)	Date incorporated	Date business began
Mailing address				Telephone number(s)	Number of employee(s)
Business form <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> Others _____			Purpose of request		

PART B.

I, _____, _____ of the above-named taxpayer
 _____ Title
 do hereby apply for a Letter of Compliance and/or Tax Clearance with the CNMI Division of Revenue and Taxation and do declare, under penalties of perjury, that I have no outstanding liabilities with the CNMI Division of Revenue and Taxation and that I have complied with the tax filing requirements of Title 4, Division 1, of the Commonwealth Code, for the taxable year/period ended _____, for the following taxes:

FOR OFFICIAL USE ONLY	VERIFIED

Date prepared	_____

Preparer initials	_____

Compliance Manager initials and date	_____

- Withholding Taxes - Wage and Salary Tax and NMTIT
- Business Gross Revenue Tax
- Bar Tax
- Hotel Occupancy Tax
- Norther Marianas Territorial Income Tax:
 - 1040 Other _____
 - 1120
- Wage and Salary Tax (for individuals)
- Other _____

PART C.

By signing below, I signify that I understand that receipt of a Letter of Compliance and/or Tax Clearance does not prevent the CNMI Division of Revenue and Taxation from making additional assessments as may be determined upon an examination of the books and records of the above-referenced taxpayer or by any other lawful means. Also by signing below, I declare under penalties of perjury that I have not presented any false or fraudulent information to the Division of Revenue and Taxation in order to obtain a Letter of Compliance and/or Tax Clearance.

TAXPAYER (AUTHORIZED) SIGNATURE

DATE

PRINT NAME OF TAXPAYER (AUTHORIZED) SIGNATURE

TITLE

The Division of Revenue and Taxation may revoke or suspend any license under §5611 of 4 CMC upon finding that the licensee presented false or fraudulent information to any person in support of his application. Sec. 5611(f)(1)(A), 4 CMC.