



# REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Type of Clearance: ☐ New ☐ Renewal (Please submit 30 days prior to submitting bid or expiration date)

<b>To:</b> <b>A. City of Detroit</b> <b>Income Tax Division</b> <b>Coleman A. Young Municipal Center</b> <b>2 Woodward Avenue, Ste. 512</b> <b>Detroit, MI 48226</b>	<b>For:</b> <b>Individual</b> <b>or Company Name</b> _____  <b>Address</b> _____  _____  <b>City</b> _____  <b>State</b> _____ <b>Zip Code</b> _____  <b>Telephone</b> _____ <b>Fax #</b> _____
<b>Phone:</b> (313) 224-3328 or 224-3329 <b>Fax:</b> (313) 224-4588	

<b>B. Name of Chief Financial Officer/Authorized Contact Person</b> (include address if different from above)	<b>Telephone #</b> _____  <b>Fax #</b> _____
<b>Employer Identification or Social Security Number</b>	<b>Spouse Social Security Number</b>

**Nature of Contract** \_\_\_\_\_ **BID CONTRACT AMOUNT (if known):**  
**Labor: \$** \_\_\_\_\_ **Material: \$** \_\_\_\_\_  
  
\_\_\_\_\_ **Contract # (if known)** \_\_\_\_\_

**C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE.**

**Check One:** ☐ Individual ☐ Corporation ☐ Partnership ☐ Estate & Trust

## INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Have you filed joint returns with spouse during the last seven (7) years? (If yes, include spouse SSN above) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you a student, and/or claimed as a dependent on someone else's tax return?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Were you employed during the last seven (7) years?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Were you a resident of Detroit during the last seven (7) years?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 5. Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4). | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Will the company have employees working in Detroit?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Will the company use sub-contractors or independent contractors in Detroit?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## **D. FOR INCOME TAX USE ONLY**

**Has the contractor complied with the provisions of the City Income Tax Ordinance?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Signature</b> _____	<b>Date</b> _____	<b>Expires</b> _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Signature</b> _____	<b>Date</b> _____	<b>Expires</b> _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Signature</b> _____	<b>Date</b> _____	<b>Expires</b> _____

To check the status of a clearance, please call (313) 224-3328 or (313) 224-3329  
VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT [www.ci.detroit.mi.us](http://www.ci.detroit.mi.us)