



REQUEST FOR SUPPLEMENTARY INFORMATION FOR CONSENT TO DISSOLUTION

Instructions: Mail completed and signed application with copies of required documents to:
NYC Department of Finance, Collection Division, Quality Management/Special Project, 59 Maiden Lane, 28th Floor, New York, NY 10038.

BUSINESS INFORMATION

Corporation Name _____ Taxpayer Identification Number _____

Name of Party _____

Completing This Form: _____

FIRST NAME LAST NAME

Telephone Number: (____) _____ Email Address: _____

Nature of Business (provide a brief description): _____

RETURN INFORMATION

Please complete the following if the corporation has done business in New York City. Note: If you checked "YES" and did file a return, you must attach a copy with this application. If you checked "NO" and did not file a return for the years you did business in New York City, you must submit a return. Visit the Finance website at nyc.gov/finance to obtain appropriate forms or call 311.

LIST YEARS DOING BUSINESS IN NYC	DATE BUSINESS ENDED IN NYC	A RETURN WAS FILED	
From _____ To _____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	MM-DD-YYYY		
From _____ To _____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	MM-DD-YYYY		
From _____ To _____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	MM-DD-YYYY		
From _____ To _____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Check this box if this corporation did NOT conduct business in New York City in any year.
Note: if the corporation did not conduct business in New York City, no City consent to dissolution is required.

SIGNATURE AND DATE

Print or Type Name of Signer Print or Type Title of Signer

_____ / _____ / _____

Signature Date