



**REQUEST FOR RENAISSANCE ZONE CERTIFICATE OF GOOD STANDING
- STATE TAXES ONLY**

OFFICE OF STATE TAX COMMISSIONER
SFN 28220 (09-2013)

To obtain a Renaissance Zone Certificate of Good Standing for state tax purposes, please complete this form. Submit completed form to the Office of State Tax Commissioner—see bottom of page.

Name of taxpayer <i>(If a sole proprietorship or filing as a disregarded entity, provide name of business and name of individual who owns the business.)</i>			
Applicant is a(n): <input type="checkbox"/> Individual <i>(sole proprietorship or disregarded entity)</i>			
<input type="checkbox"/> Regular ("C") corporation		<input type="checkbox"/> Subchapter S corporation	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Partnership <i>(all types)</i>	
		<input type="checkbox"/> LLC <i>(filing as an S corporation)</i>	
		<input type="checkbox"/> LLC <i>(filing as a partnership)</i>	
<i>(Complete page 2 if not an individual or regular ("C") corporation)</i>			
Taxpayer's mailing address		City	State
ZIP Code			
Taxpayer's social security number or federal employer identification number (FEIN)			
<i>(If a sole proprietorship, provide social security number of owner and, if applicable, FEIN of the business.)</i> _____			
Is taxpayer a newly created business this year? If yes, skip question 6 <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did taxpayer file a North Dakota income tax return for last year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please explain _____			
If taxpayer is a business, what is the principal business activity? _____			

If taxpayer is a partnership, subchapter S corporation, or a limited liability company treated like a partnership, complete page 2 of this form.

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 not, please explain _____		
Does (or will) taxpayer have employees from whom North Dakota income tax must be withheld? <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 not, please explain _____		
Taxpayer's signature	Printed name	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 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
Office of State Tax Commissioner
600 E. Boulevard Ave., Dept. 127
Bismarck ND 58505-0599

Fax request to 701.328.1942

Important: The certificate of good standing will be sent only to the taxpayer or to the taxpayer's representative designated by the taxpayer on a properly completed North Dakota Form 500.

If the taxpayer is a partnership, subchapter S corporation, or limited liability company treated like a partnership, provide the name and social security number (SSN) or federal employer identification number (FEIN) for each of the entity's owners.

Name of owner _____

Social Security Number or Federal Employer Identification Number _____

Name of owner _____

Social Security Number or Federal Employer Identification Number _____

Name of owner _____

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Social Security Number or Federal Employer Identification Number _____

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If additional lines are needed, attach additional pages.