



# REQUEST FOR INCOME TAX COMPLIANCE CLEARANCE

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

E-MAIL ADDRESS: \_\_\_\_\_

**To:**  
**A.** City of Pontiac  
 Income Tax Division  
 47450 Woodward Avenue  
 Pontiac, MI 48342-5009  
  
 Phone: (248) 758-3092  
 Fax: (248) 758-3188

**For:**  
 Individual or Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax # \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

By signing this form, under penalty of perjury, you affirm that this information is true and accurate.

Company Representative's Signature \_\_\_\_\_

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

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

Check One:  Individual  Corporation  Partnership  Limited Liability Company  Estate & Trust

INDIVIDUALS MUST ANSWER QUESTIONS 1, 2, 3, 4 AND 5. OTHERS, REFER TO QUESTIONS 6-10.		
1.	Have you filed joint City of Pontiac Income tax returns with spouse during the last seven (7) years (if yes, include spouse SSN # in above Section B)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you paid all City of Pontiac Income Taxes that were due?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you a student, and/or been claimed as a dependent on someone else's tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Were you employed during the last seven (7) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Were you a resident of Pontiac during the last seven (7) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CORPORATIONS AND PARTNERSHPS MUST ANSWER QUESTIONS 6 THROUGH 10.		
6.	Is the company a new business located in Pontiac? If yes, submit Employer Registration (Form P-SS-4).	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you previously done work or had employees or contractors work in the City of Pontiac?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Will the company have employees working in Pontiac?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Will the company use subcontractors or independent contractors in Pontiac?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you filed and paid all City of Pontiac Income and Withholding Taxes as required by ordinance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR INCOME TAX USE ONLY		
Has the contractor complied with the provisions of the City of Pontiac's Income Tax Ordinance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SIGNATURE _____	DATE _____	

Revised 1/25/24 LK.AM

IF NEEDED, PLEASE VISIT THE INCOME TAX PAGE AT [https://www.pontiac.mi.us/departments/finance/income\\_tax/tax\\_forms.php](https://www.pontiac.mi.us/departments/finance/income_tax/tax_forms.php)

Please fax your completed request form to 248-758-3188