

**REQUEST FOR INCOME TAX CLEARANCE FOR RENAISSANCE ZONE BENEFIT ACT**

**Requesting Department/Division: Renaissance Zone**

**Contact: Kim Miller**

**Phone: 313-224-3053**

**A. To: City of Detroit**  
Income Tax Division  
Coleman A. Young Municipal Center  
2 Woodward Avenue, Ste. 512  
Detroit, Michigan 48226  
  
Phone: (313) 224-3328 or 224-3329  
Fax: (313) 224-4588

Clearance for: Individual  
or Company Name: \_\_\_\_\_  
  
Address: \_\_\_\_\_  
  
City: \_\_\_\_\_  
  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
  
E-mail: \_\_\_\_\_

**B. Name of Chief Financial Officer/authorized contact person**  
(Include address if different from above)

Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_  
E-mail: \_\_\_\_\_

**C. Employer Identification or  
Social Security Number**

Spouse's Social Security # \_\_\_\_\_

**Nature of Clearance: Renaissance Zone Tax Benefit**

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

**Check One:**    Individual                       Corporation                       Partnership

**E. INDIVIDUALS, ANSWER QUESTIONS 1, 2, 3, and 4.**

1. Have you filed joint returns with a spouse during the last seven (7) years?  
(If yes, include spouse's Social Security Number above)                       Yes     No
2. Are you a student, and /or claimed as a dependent on someone else's tax return?                       Yes     No
3. Were you employed during the last seven (7) years?                       Yes     No
4. Were you a resident of Detroit during the last seven (7) years?                       Yes     No

**F. CORPORATIONS AND PARTNERSHIPS, ANSWER QUESTIONS 5, 6, and 7.**

5. Is the company a new business in Detroit?  
If yes, attach Employer Registration (Form DDS-4)                       Yes     No
6. Will the company have employees working in Detroit?                       Yes     No
7. Will the company use subcontractors or independent contractors in Detroit?                       Yes     No

**FOR INCOME TAX USE ONLY**

Has the applicant complied with the provisions of the City Income Tax Ordinance?

Yes     No    Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_

Yes     No    Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_

Yes     No    Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_