



# Domestic Corporation Request for Voluntary Administrative Dissolution

Complete this form to determine if you qualify for Voluntary Administrative Dissolution. Refer to the Instructions for more information, or go to [ftb.ca.gov](http://ftb.ca.gov) and search for **administrative dissolution**.

## Domestic Corporation Information

Name on Record With CA SOS			CA Corp/CA SOS
Street Address (number and street or PO Box)			FEIN
City	State	ZIP Code	Phone

## Representative Information

Name		Phone	
Mailing Address (number and street or PO Box)		Apt./Ste. Number	PMB/Private Mailbox
City	State	ZIP Code	

## Qualification Questions

Complete questions 1 through 5.

1. Was the domestic corporation ever doing business (that is, actively engaged in any transaction for the purpose of financial or pecuniary gain or profit)? ..... 1.  Yes  No

If no, provide the following:

a. Date of incorporation \_\_\_\_ / \_\_\_\_ / \_\_\_\_

b. Reason why the domestic corporation was formed (add additional documentation, if needed) \_\_\_\_\_

2. Date the domestic corporation ceased doing business. .... 2. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. Does the domestic corporation currently have any of the following? ..... 3.  Yes  No  
If yes, attach documentation or explanation with this form.

- a. Assets ..... a.  Yes  No
- b. Bank, investment accounts, and/or business loan. .... b.  Yes  No
- c. Real property. .... c.  Yes  No
- d. Any contracts. .... d.  Yes  No
- e. Inventory ..... e.  Yes  No
- f. Any licenses. .... f.  Yes  No
- g. Employees, independent contractors, or commissioned agents ..... g.  Yes  No
- h. Active accounts receivable ..... h.  Yes  No
- i. Loans to shareholders ..... i.  Yes  No

4. Did the domestic corporation distribute its assets? . . . . . 4.  Yes  No  
If yes, attach documentation or explanation with this form.

5. Did the domestic corporation ever do business under a different name? . . . . . 5.  Yes  No  
If yes, attach documentation or explanation with this form.

**Signature Authorization**

I hereby certify under penalty of perjury under the laws of California, that all information supplied on this form including any attachment is true, correct, and complete to the best of my knowledge and ability.

Officer, Director, or Authorized Representative Name	Title or Position	Email Address	
Signature <b>X</b>		Date	Phone

**Send Documents**

Mail or fax your completed and signed FTB 3715 PC to:

**Mail:** BUSINESS ENTITY CORRESPONDENCE  
FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-4040  
**Fax:** 916.855.5519

**Franchise Tax Board Privacy Notice**

To learn about your privacy rights, how we may use your information, and consequences if you do not provide information we request, go to [ftb.ca.gov/Forms](http://ftb.ca.gov/Forms) and search for **1131**. To request this notice by mail call 800.338.0505 and enter form code **948** when instructed.

**Connect With Us**

Web: [ftb.ca.gov](http://ftb.ca.gov)  
Phone: 916.845.7700 from 8 a.m. to 5 p.m. weekdays, except state holidays  
TTY/TDD: 800.822.6268 for persons with hearing or speech impairments  
Fax: 916.855.5519