For your convenience, this form has been designed to be completed online. You must have Acrobat Reader 7.0 or above to use this new feature. Once your form is completed, be sure to select "Print" at the bottom of the screen to capture your data entry for printing. Note: Selecting "Reset" will clear all data entry from this page. To print a blank form, go to File->Print or select "Print" at the bottom of the screen.

STATE OF MINNESOTA
UCC-12 REQUEST FOR TAX LIEN INFORMATION OR COPIES

This statement is presented *pursuant to Minnesota Statutes* Sections 270C.63, 272.483 and 336.9-523. (Type in Black Ink)

OPTIONS (choose one); SEARCH IS OF RECORDS OF SINGLE FILING OFFICE ONLY.

☐ **INFORMATION LISTING ONLY**
(Includes state and federal tax liens showing all taxpayer names and addresses, government entity, filing information and description of subsequent filings).

☐ **COPIES ONLY**
(Includes state and federal tax liens showing the file number, the file date and copies of the tax liens that are filed in the filing office where the request was processed).

☐ **COMBINATION INFORMATION AND COPIES**
(Includes data as described in information option and copies of the tax liens that are filed in the filing office where the request was processed).

FILING OFFICER please furnish certificate showing any presently effective tax liens as of:

☐ **date of processing** ☐ **from** _____ **to date of processing**

Taxpayer (Last) Name or Business Name	First Name	Middle Name
adfadfasdf		

Mailing Address
adfasdfasdfasdf

City	State	Zip Code
ddddd		

_____
Signature of Requesting Party

_____
Telephone Number

File Number	Date and Hour of Filing	Amount of Lien	Government Authority and Address
adfafasdf		adfadf	
	adfadfasf		adfasdfasdf

CERTIFICATE

The filing officer certifies that:

☐ **The above listing is a record of all state and/or federal tax liens which name the requested taxpayer and which are on file in the filing office as of: _____, 20___ at _____ __ m**

☐ **The attached certificate lists all state and/or federal tax liens which name the requested taxpayer and which are on file in the filing office as of the date and time shown on the certificate.**

☐ **The attached _____ pages are true and exact copies of the tax liens.**

RETURN REQUESTED INFORMATION TO: (name and address)

_____
Date

_____
Signature of filing officer

Approved by the Secretary of State **Rev. 11/2009**

Print Reset