

**DTF-17**

Department of Taxation and Finance

**Application to Register for a Sales Tax Certificate of Authority**

File this application at least 20 days (but not more than 90 days) before starting business in New York State (NYS). Mark an X in appropriate box or boxes.

**Section A - Starting your business or updating its status**

Reason for applying: Starting a new business ☒ Change in organization (Effective: \_\_\_\_\_) ☐  
 Restarting prior business ☐ Purchased existing business ☐ Adding a location ☐

**Section B - Business identification** Complete all applicable labels

NYBE ID number

**215589715**

Federal employer ID number (EIN)

**611885172**

Legal name

**BC Union Square LLC**

DBA or trade name (if different from legal name above)

**By Chloe**

Physical address of business location (not a PO box)

**30 E 16th St, New York, NY, 10003-3105, US**County **New York**

Mailing address, if different from physical address above

**205 Hudson St, New York, NY, 10013-1803, US**

Telephone number(s)

**332-333-2087**

Fax number

Mobile phone number

E-mail address(es)

**finance@eatbychloe.com****Section C - Type of entity or organization**

Mark an X in one box only Individual (sole proprietorship) ☐ Partnership ☐ Limited partnership (LP) ☐  
 Limited liability partnership (LLP) ☐ S corporation ☐ C corporation ☐ Government ☐ Trust ☐ Estate ☐  
 Limited liability company (LLC) (mark X one of the following): Member-managed LLC ☒ Manager-managed LLC ☐

**Section D - General business information**

Enter the date you will begin business in NYS for sales tax purposes (mm/dd/yyyy) .....

**10/01/2019**

You must file your first sales tax return for the filing period that includes this date. You must file even if you change your plans and begin business at a later date or if you do not make any taxable sales during the filing period. If you do not file a return for this period, you will automatically receive a bill, which is subject to penalties and interest.

**Temporary vendors :** You should register as a temporary vendor if your business is seasonal and you do not expect to make taxable sales for more than two consecutive sales tax quarters.

Enter the date that your business activity will end (mm/dd/yyyy) .....

**Section D - General business information (continued)**

If you have more than one permanent place of business, mark an X in the appropriate box to indicate how you will file.

Separate sales tax returns for each location (you must complete a separate Form DTF-17 for each location) ..... ☐

One sales tax return for all locations (you must also complete Form DTF-17-ATT with this application) ..... ☐

In the space below, briefly describe your business activities. Describe the products or services that you will sell in NYS from the business location(s) that you are registering. Please be specific.

**Vegan Fast Casual Restaurant**

Enter the NAICS code that best describes the principal (and secondary, if appropriate) activity of the business location(s) that you are registering. You can find a list of NAICS codes in Publication 910, *NAICS codes for Principal Business Activity for New York State Tax Purposes*, or by using the online NAICS Code Lookup on our website.

Principal NAICS code (required) **722513**

Secondary NAICS code

Did you acquire all or part of an existing business, or the assets of a business, that was registered or required to be registered for sales tax? ..... Yes ☐ No ☒

If Yes, did you file Form AU-198.10, *Notification of Sale, Transfer, or Assignment in Bulk*, with the Tax Department? ..... Yes ☐ No ☐

**Note:** You risk personal liability for any unpaid sales tax owed by the seller.

Enter the following information about the former owner:

Name	Seller ID number
Address (number and street)	
, NY, US	

Is this a home-based business? ..... Yes ☐ No ☐

Do you intend to accept credit cards? ..... Yes ☒ No ☐

What do you expect your annual sales will be? ..... \$ **\$35,001 - \$3,500,000**

How much sales tax do you expect to collect annually? ..... \$ **\$10,001 - \$300,000**

Enter the information for the bank account where sales tax money will be deposited. You must provide this information even if the account you list will not be used exclusively for sales tax purposes.

**Manufacturers and wholesalers:** enter the primary bank account information of your entity.

Bank name		
Routing number	Account number	

**Section E - Sole proprietors** You must also complete Section K for any additional responsible persons

Enter the owner's information (**Note:** If you do business as an individual or sole proprietor, your business's legal name is your first name, middle initial, and last name):

Owner's name	SSN
Address (number and street)	Phone number

Answer the following questions as they apply to the owner listed above.

Does the owner have any open, unsatisfied judgments, injunctions, or liens in effect today? ..... Yes ☐ No ☐

Does the owner have any felony, misdemeanor, and/or administrative charges currently pending? ..... Yes ☐ No ☐

At any time within the last five years, have there been any judgments, injunctions, or liens issued against the owner? ..... Yes ☐ No ☐

At any time within the last five years, has the owner had any permit, license, concession, franchise, or lease terminated for cause or revoked for any reason? ..... Yes ☐ No ☐

At any time within the last five years, has the owner been investigated by any governmental or quasi-governmental agency, including but not limited to federal, state, and local regulatory agencies ..... Yes ☐ No ☐

If Yes, please explain: .....

At any time within the last five years, has the owner been convicted of a misdemeanor and/or found in violation of any administrative, statutory, or regulatory provisions? ..... Yes ☐ No ☐

At any time within the last five years, has the owner had any sanction imposed as a result of a judicial, regulatory or administrative proceeding with respect to any license, permit, concession, franchise, or lease? ..... Yes ☐ No ☐

At any time within the last five years, has the owner failed to file any applicable federal, state, or New York City tax return by the applicable due date? ..... Yes ☐ No ☐

At any time within the last five years, has the owner failed to pay any applicable taxes or assessed government charges by the applicable due date? ..... Yes ☐ No ☐

At any time within the last seven years, has any bankruptcy proceeding been initiated by or against the owner? ..... Yes ☐ No ☐

At any time within the last ten years, has the owner been convicted of a felony and/or any crime related to truthfulness and/or business conduct? ..... Yes ☐ No ☐

**Section F - Corporations: corporate officer and shareholder information**

All corporations must complete this section.

Enter the name, address, and telephone number of the following:

President's name	Phone number
President's home address (number and street)	
Vice President's name	Phone number
Vice President's home address (number and street)	
Chief Financial Officer's name	Phone number
Chief Financial Officer's home address (number and street)	
Chief Executive Officer's name	Phone number
Chief Executive Officer's home address (number and street)	
Corporate Secretary's name	Phone number
Corporate Secretary's home address (number and street)	
Treasurer's name	Phone number
Treasurer's home address (number and street)	

Does any shareholder own more than 50% of the shares of the voting stock of the corporation? ..... Yes ☐ No ☒

If Yes, enter name: \_\_\_\_\_

If Yes, did this shareholder own more than 50% of the voting stock of any other corporation at the time that such other corporation owed any tax imposed under the New York State Tax Law that was finally determined to be due and such tax has not been paid in full? ..... Yes ☐ No ☐Has this shareholder been convicted of a tax crime in the past year? ..... Yes ☐ No ☐

Is the entity a publicly traded corporation? ..... Yes ☐ No ☐

If No, enter the requested information for any person with at least a 20% ownership or profit distribution interest.

[illegible]

**Section G - Partnership, LP, LLP, or LLC: member, partner, and employee information**Has any member(s) been designated as the tax matters partner(s) or as the person(s) responsible for tax issues? ..... Yes ☐ No ☒

If Yes, enter the requested for each person:

Name		Phone number
Home address (number and street)		
Ownership percentage:	Profit distribution percentage, if different than ownership percentage:	
Name		Phone number
Home address (number and street)		
Ownership percentage:	Profit distribution percentage, if different than ownership percentage:	

Does any partner or member have at least a 20% ownership or profit distribution interest? ..... Yes ☐ No ☐

Name		Phone number
Home address (number and street)		
Ownership percentage:	Profit distribution percentage, if different than ownership percentage:	
Name		Phone number
Home address (number and street)		
Ownership percentage:	Profit distribution percentage, if different than ownership percentage:	
Name		Phone number
Home address (number and street)		
Ownership percentage:	Profit distribution percentage, if different than ownership percentage:	

Name	Phone number
Home address (number and street)	
Ownership percentage:	Profit distribution percentage, if different than ownership percentage:

If the applicant marked the Manager-managed LLC box in Section C, enter the name, telephone number, and address of the appointed manager:

Name	Phone number
Home address (number and street)	

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DO NOT MAIL

**Section H - Business entity background**

Has any **owner**, officer, director, partner, or employee of the applicant (or, for LLCs, any member or manager of the LLC), in their capacity as a person required to collect tax for either this entity or for any other entity for which he/she was a responsible person, received a sales or use tax assessment that has **not** been paid in full? ..... Yes ☐ No ☒

If Yes, is it currently under protest or being paid as part of an *Installment Payment Agreement* (IPA)? ..... Yes ☐ No ☐

Has any **owner**, officer, director, partner, or employee of the applicant (or, for LLCs, any member or manager of the LLC), in their capacity as a person required to collect tax for either this entity or for any other entity for which he/she was a responsible person, been convicted of any tax crime during the past year? ..... Yes ☐ No ☒

Has any tax assessment been issued to the entity that has not been paid in full? ..... Yes ☐ No ☒

If Yes, is it currently under protest or being paid as part of an IPA ..... Yes ☐ No ☐

Has the entity been convicted of any tax crime within the past year? ..... Yes ☐ No ☒

Has this entity previously held a sales tax *Certificate of Authority* ..... Yes ☐ No ☒

If Yes, was the certificate revoked or suspended in the last year? ..... Yes ☐ No ☐

**Section I - Business associations**

Are you a franchisee? ..... Yes ☐ No ☒

If Yes, provide franchisor's name and address:

Franchisor's name	Franchisor's ID number
Franchisor's address (number and street)	

Is the entity applying for the certificate owned by a different entity? ..... Yes ☐ No ☒

If Yes, enter the name, ID number (EIN, social security number (SSN), or taxpayer ID number (TIN)), and address of the owner:

Name	ID number
Home address (number and street)	

If this entity currently files, has filed in the past, or was required to file sales tax returns or returns for other NYS business taxes, such as corporation tax or withholding tax, enter the ID number(s) and tax type(s) below.

• ID number	Tax type
• ID number	Tax type
• ID number	Tax type

Will a different entity or individual be reporting the income for the operations of this entity on an income partnership, or corporation tax return? ..... Yes ☒ No ☐

**Note:** If the same entity files the sales tax return and reports income from this business on a tax return or if you are not required to file income tax returns (for example, NYS government entities), mark an X in the No box.

If Yes, enter the name and ID number of the entity or individual reporting this income:

Name of legal entity or individual <b>BC Hospitality Group LLC</b>	EIN or SSN <b>XXX-XX-9360</b>
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Paid tax preparer information (if you have no preparer, leave this section blank.)

Preparer's or firm's EIN (if known):		Preparer's PTIN (if known):	
Tax preparer's or firm's name		Signature of individual preparing this application	
Preparer's or firm's address			
Preparer's E-mail address:			
Preparer's telephone number	Preparer's NYTPRIN	NYTPRIN excl. code	Date

**Section J - Business activity** Mark an X in the applicable box for each item**Licenses**

Are you or do you intend to be licensed by the NYS Liquor Authority (SLA)? ..... Yes ☒ No ☐

If you have your license, enter your SLA license number. ....

Are you or do you intend to be licensed by the NYS Lottery? ..... Yes ☐ No ☒

If you have your license, enter your Lottery retailer number. ....

Do you or will you operate a facility registered with the NYS Department of Motor Vehicles (DMV) ..... Yes ☐ No ☒

If you have your registration, enter your DMV facility number. ....

**Sales of goods and services**

Do you intend to sell or provide any of the following goods and services?

Cigarettes or other tobacco products sold at retail ..... Yes ☐ No ☒

If Yes, complete and attach Form DTF-716, *Application for Registration of Retail Dealers and Vending Machines for Sales of Cigarettes and Tobacco Products*.

New tires (automotive, motorcycle, trailer, etc.) ..... Yes ☐ No ☒

Passenger car rentals ..... Yes ☐ No ☒

Motor fuel sold at a filling station ..... Yes ☐ No ☒

Diesel motor fuel sold at a filling station ..... Yes ☐ No ☒

Heating fuels, including diesel, firewood, pellets, or coal ..... Yes ☐ No ☒

Electricity or gas (including propane in containers of 100 pounds or more), steam, or refrigeration ..... Yes ☐ No ☒

Mobile telecommunications service ..... Yes ☐ No ☒

Other telecommunications service, including telephone answering service ..... Yes ☐ No ☒

Clothing or footwear ..... Yes ☐ No ☒

**Nassau or Niagara County only:**

Hotel, motel, or other accommodations located in Nassau County or Niagara County ..... Yes ☐ No ☐

Restaurant or tavern food or drink, or other food service (including catering, take-out, cafeterias, etc.) located in Nassau County or Niagara County ..... Yes ☐ No ☐

Admissions to places of amusement, club dues, and/or cabaret charges located in Niagara County ..... Yes ☐ No ☐

**New York City only:**

Parking or garaging services ..... Yes ☐ No ☒

Beauty, barbering, or other personal services ..... Yes ☐ No ☒

Credit rating or reporting services ..... Yes ☐ No ☒

Hotel, motel, or other accommodations ..... Yes ☐ No ☒

**Other:**

Are you a manufacturer or a wholesaler that does not make retail sales? ..... Yes ☐ No ☒

Will you participate solely in flea markets, antique shows, or other shows? ..... Yes ☐ No ☒

Will you conduct business solely as a sidewalk vendor? ..... Yes ☐ No ☒

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**Section L - Signature of responsible person** Complete all labels

I certify that I am the responsible person for the applicant selected above and that the statements made as part of this application are true, complete, and correct; and that no material information has been omitted. The responses to questions concerning the background of responsible persons other than myself are based on information and belief formed after reasonable inquiry. I further certify that all the persons who are responsible persons for the applicant were properly identified. I have had the opportunity to discuss this application with a tax advisor and to contact the Tax Department with any questions. I acknowledge that the Tax Department will rely on the information supplied in this application in determining whether to issue the requested sales tax Certificate of Authority, and that this application will be filed with and become a part of the records of the Tax Department. I make these statements with the knowledge that willfully providing false or fraudulent information in this application may constitute a felony or other crime under New York State Law, punishable by a fine and/or jail. I understand that the Tax Department is authorized to investigate the validity of any information entered on this document, and may request additional information or documentation in connection with this application. If a Certificate of Authority is granted by the Department, it is subject to renewal pursuant to Tax Law section 1134(a)(5), and it may be revoked at any time due to any false statement or fraud committed in the application process. I also understand that I am required under New York State Law to promptly notify the Tax Department of any changes to the information supplied in this application. By checking the box, I understand and agree that I am electronically signing and filing this application.

Name	SSN	Date
Samantha Haber	[REDACTED]	08/22/2019
Signature	Title	Daytime telephone number
Samantha Haber	Member	[REDACTED]

If your application is missing information or is not signed, we will return it to you.

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**DO NOT MAIL**



# DTF-17-R

New York State Department of Taxation and Finance

## Application to Renew Sales Tax Certificate of Authority



Taxpayer ID: 133422190

Notice date: 08/12/2009

Renewal Code G00113028

**Monthly**

### Section A - Business information

In the left-hand column, we have preprinted the information we have on file about your business. If the information is missing or not correct, enter the correct information in the spaces right-hand column.

Information in our records	Updated or corrected information
1. Legal name: THEMEFOOD INC.	1. THEMEFOOD INC.
2. DBA or trade name (if applicable): LIVE BAIT	2. LIVE BAIT
3. Sales tax identification (ID) number: 133422190	3. Enter your federal employer identification number (EIN), if different from the preprinted sales tax ID number: 
Physical Address of business location:	
4. Address line 1:	4. Address line 1:
5. Address line 2: 14 E 23 ST	5. Address line 2: 14 E 23 ST
6. City NEW YORK State NY ZIPcode 10010 4403	6. City NEW YORK State NY ZIPcode 10010 - 4403
7. County	7. County
8. Country: US	8. Country: US
Mailing address (if different from your physical address):	
9. Address line 1:	9. Address line 1:
10. Address line 2:	10. Address line 2:
11. City State ZIPcode -	11. City State ZIPcode -
12. Country:	12. Country:
13a. Telephone number(s): ( 212 ) - 929 - 4312	13a. Telephone number(s): ( 212 ) - 929 - 4312
13b. Additional telephone number: ( ) -	13b. Additional telephone number: ( 212 ) - 243 - 7969
13c. Additional telephone number: ( ) -	13c. Additional telephone number: ( ) - -
14. Fax number: ( ) -	14. Fax number: ( 212 ) - 243 - 4187
15. Cell phone number: ( ) -	15. Cell phone number: ( ) - -
16a. Email address 1:	16a. Email address 1: ACHARLEMAN@GOTHMCITY.COM
16b. Email address 2:	16b. Email address 2:
16c. Email address 3:	16c. Email address 3:

Note: You must provide an e-mail address in order to electronically receive sales tax information from the Tax Department

# Application to Renew Sales Tax Certificate of Authority (continued)

Notice date: 08/12/2009

Taxpayer ID: 133422190

## Section B - Type of entity or organization Mark an X in one box only (see instructions)

17. Individual(sole proprietor) ☐ Partnership ☐ Corporation ☒ Government ☐  
 Limited Liability Partnership (LLP) ☐ Limited Liability Company (LLC) ☐ Trust ☐ Estate ☐

18a. Are you a franchisee? .....

18a. Yes ☐ No ☒

18b. If Yes, please provide franchisor's name and address:

Franchisor's name			
Franchisor's address			
City	State	ZIP code	Country
	NY		US

## Section C - New York State licenses

- 19a. Are you licensed by the New York State Liquor Authority (SLA)?..... 19a. Yes ☒ No ☐  
 19b. If Yes, enter your SLA license number..... 19b. 714507  
 20a. Are you licensed by the New York State Lottery?..... 20a. Yes ☐ No ☒  
 20b. If Yes, enter your Lottery retailer number..... 20b.   
 21a. Do you operate a facility registered with New York State Department of Motor Vehicles (DMV)?..... 21a. Yes ☐ No ☒  
 21b. If Yes, enter your DMV facility number..... 21b.

## Section D - Tax preparer information

If we have tax preparer information on file for you, the information is preprinted below.

- If the information is correct and you want to continue having your sales tax information mailed to this preparer, mark an X in the box on line 31.
- If the information is not correct, enter the correct information in the right-hand column. Mark an X in the box on line 31.
- If you want to have your sales tax information mailed to this preparer.
- If you do not want your sales tax information mailed to a preparer, enter delete on line 22 in the right-hand column.

If we don't have a preparer on file for you and you want to add a preparer, enter the information in the right-hand column. Mark an X in the box on line 31.

If you want to have your sales tax information mailed to this preparer.

If you have no preparer, leave this section blank and continue with Section E.

### Information in our records

22. Tax preparer name: \_\_\_\_\_  
 Preparer address: \_\_\_\_\_  
 23. Address line 1 \_\_\_\_\_  
 24. Address line 2 \_\_\_\_\_  
 25. City \_\_\_\_\_ State \_\_\_\_\_ ZIP code: \_\_\_\_\_ - \_\_\_\_\_  
 26. Country \_\_\_\_\_  
 27. Preparer Telephone number: ( ) - -  
 28. Preparer fax number: ( ) - -  
 29. Preparer federal EIN: \_\_\_\_\_  
 30. Preparer e-mail address: \_\_\_\_\_

### Updated or corrected information

22. Tax preparer name: \_\_\_\_\_  
 Preparer address: \_\_\_\_\_  
 23. Address line 1 \_\_\_\_\_  
 24. Address line 2 \_\_\_\_\_  
 25. City \_\_\_\_\_ State NY ZIP code: \_\_\_\_\_ - \_\_\_\_\_  
 26. Country US  
 27. Preparer Telephone number: ( ) - -  
 28. Preparer fax number: ( ) - -  
 29. Preparer federal EIN: \_\_\_\_\_  
 30. Preparer e-mail address: \_\_\_\_\_

31. If you want your sales tax information mailed to this preparer, mark an X in the box. ☐

**Section E - Banking and credit card information**

32. Enter the information for the bank account where sales tax money is deposited. You must provide this information even if the account you list is not used exclusively for sales tax purposes. Manufacturers and wholesalers enter the primary bank account information for your business.

Bank name:			
Routing number:		Account number:	

- 33a Do you accept credit cards?..... 33a Yes ☒ No ☐

- 33b If yes, mark an X for each type of credit card you accept and enter the information for the merchant service provider that processes your credit card transactions.

Mastercard..... <input checked="" type="checkbox"/>	Merchant service provider name	COMDATA PROCESSING SYSTEMS		
	Merchant service provider address	101 BULLITT LANE, SUITE 305		
	City	LOUISVILLE	State	KY ZIP code 40222
	Country	US		
	Merchant service provider number/account number			
Visa..... <input type="checkbox"/>	Merchant service provider name			
	Merchant service provider address			
	City		State	NY ZIP code -
	Country	US		
	Merchant service provider number/account number			
American Express..... <input checked="" type="checkbox"/>	Account number			
Discover Card..... <input type="checkbox"/>	Account number			
Other credit card..... <input type="checkbox"/>	Merchant service provider name			
	Merchant service provider address			
	City		State	NY ZIP code -
	Country	US		
	Merchant service provider number/account number			

**Section F - Description of your business activities** -Complete all applicable fields.

- 34a In the space below, briefly describe your business activities. Describe the products or services that you sell in New York State from the business location that you are re-registering. Please be specific. See the instructions for examples.

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Enter the six-digit NAICS code that best describes the principal (and secondary, if appropriate) activity of the business location(s) that you are re-registering. You can find a list of NAICS codes is found in Publication 910, Principal business Activity for New York State Purposes, or by using the online NAICS code lookup ([www.nystax.gov](http://www.nystax.gov)).

- 34b. Principal NAICS code (required) 722110 34c. Secondary NAICS code

- 35 Do you sell cigarettes or other tobacco products at retail or wholesale?..... 35 Yes ☐ No ☒
- 36 Do you sell motor fuel or diesel motor fuel at a filling station(s) or wholesale?..... 36 Yes ☐ No ☒
- 37 Are you an exempt organization for New York State sales tax?..... 37 Yes ☐ No ☒
- 38a Do you file one sales tax return for multiple locations?..... 38a Yes ☐ No ☒
- 38b If yes, how many locations?..... 38b



Notice date: 08/12/2009

Taxpayer ID: 133422190

**Section G - Responsible person(s)(1 - 5 of 3)**

39 Complete the following information for all persons responsible for the business's day-to-day operations (see instructions). This includes, but is not limited to, owners, partners, members, and officers. You must provide all the information that we ask for, including social security number(SSN).

First Name	CAROLYN	MI	Last Name	BENITEZ	Suffix	
Business title	OWNER		Primary Duties			
Address line 1			Address line 2			
City		State		ZIP		Country US
SSN		Home phone number ( ) -				Effective Date 11/20/1992
First Name	CHARLES	MI	Last Name	MILITE	Suffix	
Business title	OWNER		Primary Duties			
Address line 1			Address line 2			
City		State		ZIP		Country US
SSN		Home phone number ( ) -				Effective Date 11/20/1992
First Name	ERIC	MI	Last Name	PETTERSON	Suffix	
Business title	OWNER		Primary Duties			
Address line 1			Address line 2			
City		State		ZIP		Country US
SSN		Home phone number ( ) -				Effective Date 11/20/1992
First Name		MI	Last Name		Suffix	
Business title			Primary Duties			
Address line 1			Address line 2			
City		State		ZIP		Country
SSN		Home phone number ( ) -				Effective Date
First Name		MI	Last Name		Suffix	
Business title			Primary Duties			
Address line 1			Address line 2			
City		State		ZIP		Country
SSN		Home phone number ( ) -				Effective Date

**Section H - Other taxes you file**

40a Does(or did) your business have other tax ID numbers?..... 40a Yes ☐ No ☒

40b If Yes, enter your tax ID number ( s ) below.

ID Number		ID Number		ID Number	
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Application to Renew Sales Tax Certificate of Authority

(continued)

Taxpayer ID: 133422190

Renewal Code G00113028

4180408198



Section I - Monthly and quarterly filers: pay your \$50 application fee

You have two options for paying the application fee:

Send a check or money order in the amount of \$50, payable to New York State Sales Tax. Don't forget to write your taxpayer ID number and COA Renewal Fee on your check or money order.

Pay directly from your bank account

To pay directly from your checking or saving account (see instructions for information on how to find your routing and account number):

41a. Mark an X to indicate account type.....

41a. Business checking ☒ Business savings ☐

Personal checking ☐ Personal savings ☐

41b. Enter your bank's nine-digit routing number.....

41b. [REDACTED]

41c. Enter your account number. The number can be up to 17 characters.

41c. [REDACTED]

Enter the number from left to right and leave any unused boxes blank

I certify that I have agreed to payment of the amount indicated by electronic funds withdrawal, that I have authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from indicated financial institution account, and that the designated financial institution is authorized to debit the entry to the account

First Name	MI	Last Name	Date
Daytime telephone number ( ) - Title			

Signature exists ☐

eSignature

By entering my social security number and selecting **SUBMIT**, I understand and agree that I am electronically signing and filing this return. I certify that all information provided on the application is true, correct and complete, and that I am authorized by the taxpayer to file this application.

If financial institution account information has been provided on the application, I certify that the taxpayer has agreed to payment of the amount (\$) indicated by electronic funds withdrawal, that the taxpayer has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the indicated financial institution account \$, and that the designated financial institution \$ is authorized to debit the entry to the account (\$)

Your social security number: [REDACTED]

Back