



APPLICATION FOR TAX STATUS REPORT

DATE RECEIVED: _____

TSA NUMBER: _____

AUDITOR: _____

Mail to: NYC Dept. of Finance, Collections Division, Tax Status, 59 Maiden Lane, 24th Floor, New York, NY 10038

Instructions: Please complete and sign this application before mailing to the address above. See below for further details.

SECTION I - APPLICANT'S INFORMATION

Applicant's Name: _____ Taxpayer's Email Address: _____
PRINT FIRST NAME PRINT LAST NAME

Applicant's Address: _____
NUMBER AND STREET APT/STE

City and State: _____ Zip Code: _____ Country (if not US): _____ Telephone Number: _____

Name of Subject Corporation: _____ Employer Identification Number: _____

Subject Corporation's Address: _____
NUMBER AND STREET APT/STE

City and State: _____ Zip Code: _____ Country (if not US): _____ Telephone Number: _____

State or County of Incorporation: _____ Date of Incorporation: ____/____/____ Date Business Began (in NYC): ____/____/____

SECTION II - CERTIFICATION

I certify that the statements made herein have been examined by me and are, to the best of my knowledge and belief, true, correct and complete.

Please sign and date:

Signature DATE ____/____/____

RELATIONSHIP TO CORPORATION (Check one): REPRESENTATIVE (see instructions) OFFICER

INSTRUCTIONS FOR TAX STATUS REPORT

All Sections of this application must be completed in its entirety.

Power of Attorney:

Submit a fully-executed Power of Attorney form with the application. This must be submitted by any authorized representative of the subject corporation requesting the tax status report. Incomplete applications will not be accepted.

Mailing Address:

Mail this completed application and completed Power of Attorney form (if applicable) to:

**NYC Department of Finance
Collections Division, Tax Status
59 Maiden Lane, 24th Floor
New York, NY 10038**

If you have any questions, call Tax Status at (212) 908-7623 or (212) 908-7010.