Department of Finance

NEW YORK CITY DEPARTMENT OF FINANCE ● COLLECTIONS DIVISION

APPLICATION FOR TAX STATUS REPORT

FOR OFFICE USE ONLY
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.

Applicant's	Taxpayer's				
Name:		Email Address:			
PRINT FIRST NAME	PRINT LAST NAMI				
Applicant's					
Address:					
	NUMBER AND STREET		APT/STE		
City	Zip	Country	Telephone		
and State:	Code:	(if not US):	Number:		
Name of		Em	ployer		
Subject Corporation:		Identification Number			
Subject					
Corporation's Address:					
501p014110110714411000.	NUMBER AND STREET		APT/STE		
City	Zip	Country	Telephone		
and State:			Number:		
State or County	Date of		Date Business		
of Incorporation:	Incorporation:		Began (in NYC):		
of Incorporation:	Incorporation:		Date Business Began (in NYC):		
SECTION II - CERTIFICATIO		de anno de discolario de an	a language de la constant de la Cons		
certify that the statements made here	ein nave been examined by me and	d are, to the best of my	y knowledge and belief, true, co	orrect and compl	
lease sign and date:					
		DATE			
Signatur	e				
ELATIONSHIP TO	REPRESENTATIVE	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 (929) 512-8149 or (929) 512-8148.