



DTF-17-ATT

(2/12)

New York State Department of Taxation and Finance

Schedule of Business Locations For a Consolidated Filer

For office use only

ID#

COA type

Regular

Temporary

Use this schedule if:

- you checked box 13b on Form DTF-17, *Application to Register for a Sales Tax Certificate of Authority*; or
- you are already a registered sales tax vendor and you are going to open an additional location(s) and file a consolidated return.

Do not begin business at the new location until you receive your sales tax *Certificate of Authority* for that location.

Do not use this schedule if you will be filing separate sales tax returns for each location. See Tax Bulletin ST-360 (TB-ST-360), *How to Register for New York State Sales Tax*.

Legal name	Sales tax identification (ID) number
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DBA or trade name (if different from legal name above)			
Street address (number and street)	City	U.S. state/Canadian province	ZIP/Postal code
County	Country	Business phone number ()	Date business will begin at this location:
DBA or trade name (if different from legal name above)			
Street address (number and street)	City	U.S. state/Canadian province	ZIP/Postal code
County	Country	Business phone number ()	Date business will begin at this location:
DBA or trade name (if different from legal name above)			
Street address (number and street)	City	U.S. state/Canadian province	ZIP/Postal code
County	Country	Business phone number ()	Date business will begin at this location:
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County	Country	Business phone number ()	Date business will begin at this location:
DBA or trade name (if different from legal name above)			
Street address (number and street)	City	U.S. state/Canadian province	ZIP/Postal code
County	Country	Business phone number ()	Date business will begin at this location:

Legal name	Sales tax ID number
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To list more locations, photocopy this schedule, as needed.

DBA or trade name (if different from legal name above)			
Street address (number and street)	City	U.S. state/Canadian province	ZIP/Postal code
County	Country	Business phone number ()	Date business will begin at this location:
DBA or trade name (if different from legal name above)			
Street address (number and street)	City	U.S. state/Canadian province	ZIP/Postal code
County	Country	Business phone number ()	Date business will begin at this location:
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County	Country	Business phone number ()	Date business will begin at this location:
DBA or trade name (if different from legal name above)			
Street address (number and street)	City	U.S. state/Canadian province	ZIP/Postal code
County	Country	Business phone number ()	Date business will begin at this location:

Signature of responsible person – Complete all fields

I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements with the knowledge that willfully providing false or fraudulent information with this document may constitute a felony or other crime under New York State Law, punishable by a substantial fine and possible jail sentence. I also understand that the Tax Department is authorized to investigate the validity of any information entered on this document.

Name	SSN	Date
Signature	Title	Daytime telephone number ()

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

See Form DTF-17-I, *Instructions for Form DTF-17*, for *Need help?* and mailing information.