



# Personal Questionnaire

Article 20 of the Tax Law

**Notice to individuals completing this form:**

You may return the completed form to the NYS Department of Taxation and Finance in either of two ways:

- by giving it to the applicant for inclusion with the license application form; **or**
- by mailing directly to the Department at the following address:

NEW YORK STATE TAX DEPARTMENT  
 TTTB - REGISTRATION AND BOND UNIT  
 WA HARRIMAN CAMPUS  
 ALBANY NY 12227

Please print or type.

Answer all questions. Indicate N/A if not applicable. If more space is needed, attach additional pages, clearly indicating the question to which the answer applies. Unanswered questions will delay the processing of this application.

1. Legal name of applicant for license					Federal employer identification number (FEIN)	
2. Your name			Social security number	Date of birth	Home telephone number ( )	
Home address	Street	City	State	ZIP code	Years at this address	
3. If less than 10 years at current home address, please list former addresses for the past 10 years.						
Street	City	State	ZIP code	From (mo./yr.)	To (mo./yr.)	

4. (a) Title/position or relationship to applicant \_\_\_\_\_

(b) Briefly describe your role and authority within the applicant's business.

\_\_\_\_\_

(c) Check appropriate box(es) for each authority you do or will have.

- |  |  |
|--|--|
| <input type="checkbox"/> Signing checks on the company's bank account            | <input type="checkbox"/> Conducting the business' general financial affairs  |
| <input type="checkbox"/> Signing the business' tax returns                       | <input type="checkbox"/> Filing returns or paying taxes imposed              |
| <input type="checkbox"/> Paying creditors  | <input type="checkbox"/> Complying with any other requirement of the Tax Law |
| <input type="checkbox"/> Making the final decision on which bills are to be paid | <input type="checkbox"/> Ordering, receiving, or picking up cigarette stamps |
| <input type="checkbox"/> Other _____   |  |

5. Have you ever been known by any other name(s)?  Yes  No

If Yes, State each name (including maiden name), social security number, and dates used.

\_\_\_\_\_

\_\_\_\_\_

6. Height (ft./in.)	Weight (lbs.)	Sex (circle one) F M	Eye color	Hair color	Married (circle one) yes / no	Country of birth	U.S. Citizen (If No, state registration number or visa type)	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------	------------------	----------------------------	-----------	------------	-------------------------------------	------------------	---	--

7. If you indicated *married* in item 6, complete the following:

Name of spouse <i>(including maiden name)</i>		Social security number of spouse
List any other names that spouse has been known by	Home address <i>(if different than item 2 above)</i>	Home telephone number (    )

8. Your employment/occupation record for the past 10 years

From <i>(mo./yr.)</i>	To <i>(mo./yr.)</i>	Employed by	City, State	Occupation

9. How many hours per week do you plan on devoting to this business? \_\_\_\_\_  
 Will you engage in any business or occupation other than that of the applicant? .....  Yes     No  
 If Yes, indicate the total weekly hours that will be devoted to other business \_\_\_\_\_

10. Have you ever:  
 – owned or controlled, directly or indirectly, more than 10% of the voting stock of a business other than the applicant listed in item 1 **or**  
 – been an officer, director, sole proprietor, or partner of a business other than the applicant listed in item 1?  
 Yes *(complete below)*     No

Name of other business	FEIN
Address <i>(number, street, city, state, ZIP code)</i>	
Name of other business	FEIN
Address <i>(number, street, city, state, ZIP code)</i>	

11. Do you have any interest, directly or indirectly, (other than through ownership of publicly traded securities) in any premises or business where any cigarettes or tobacco products are manufactured, transported or sold? Interest includes ownership, directorship, mortgage or lien on loans to, or ownership of any real or personal property, or by any other means employed by such company, including loans.  
 Yes *(complete below)*     No

Business name	Type of business	Date began <i>(mo./yr.)</i>	Nature of interest	Date acquired <i>(mo./yr.)</i>	Address of business	FEIN

12. (a) Other than as shown in items 1 or 10, have you ever personally applied for or held in any state, city or country a license or permit to traffic in cigarettes or tobacco products?  Yes  No
- (b) Has any business in which you were a *controlling person* (as defined in item 20) ever applied for or held in any state, city or country a license or permit to traffic in cigarettes or tobacco products?  Yes  No
- (c) If you answered *Yes*, to 12(a) or (b), state the name of the applicant, address of premises, date of filing and disposition.

13. Have you (and your spouse, if married) filed **both** federal and New York State personal income tax returns for each of the past five calendar years?  Yes  No

If *Yes*, please indicate the social security number and name on the return. If *No*, explain any year that no returns were filed; include copies of federal returns for each year it was filed when a New York State return was not filed. \_\_\_\_\_

14. Do you or your spouse have a liability for a tax imposed by or pursuant to the authority of the New York State Tax Law, or for the City of New York or City of Yonkers earnings tax on nonresidents, that has been finally determined to be due and has not been paid in full?  Yes (*complete below*)  No

Person's name	Type of tax	Amount due	Assessment number	Assessment date

<p>15. (a) Have you ever been <b>convicted</b> (including pleas of guilty or no contest) of any felony or of any other crime or offense of any kind except violations of the vehicle and traffic laws?</p> <p>(b) If <i>Yes</i>, state date of conviction and crime or offense involved. In each case a <i>Certificate of Disposition</i> or a <i>Certificate of Conviction</i> from the court clerk must be attached.</p>	<p>15. (a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>(b) Crime or offense and date</p>

<p>16. (a) Are there any arrests, indictments, or summonses (except for violations of the vehicle and traffic laws) <b>pending</b> against you?</p> <p>(b) If <i>Yes</i>, state date thereof and crime or offense charged.</p>	<p>16. (a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>(b) Crime or offense and date</p>

17. Have you or any entity in which you are or were a *controlling person* (as defined in item 20) ever filed a petition in bankruptcy or been adjudged bankrupt or made an assignment for the benefit of creditors?  Yes  No

If *Yes*, provide details. \_\_\_\_\_

If you indicated *married* in item 6, complete items 18(a) and (b).

18. (a) Would any of questions 10 through 12 inclusive require a *Yes* answer if asked of your spouse?  Yes  No
- (b) Will your spouse aid in the management of the applicant business?  Yes  No

**If you answered *Yes* to either of the above, your spouse must complete a separate *Personal Questionnaire*.**

19. Indicate your contribution to the applicant. Include cash, real estate, customer lists, promissory notes, inventories, and any other tangible or intangible assets.

Contribution	Amount or value	Source of funds. If a current bank or brokerage account, give account number; for gifts or loans, identify source; if proceeds from the sale of assets, identify specific assets.
Cash		
Real estate		
Inventory		
Customer lists		
Tangible assets		
Intangible assets		
Other _____		
Other _____		
If you are guaranteeing a loan as a cosigner or by pledging collateral (identify each such transaction below)	Amount or value	Identify loan and describe the collateral
Cosigner <input type="checkbox"/> Collateral <input type="checkbox"/>		
Cosigner <input type="checkbox"/> Collateral <input type="checkbox"/>		

20. For purposes of this application the term *controlling person* means any person who is an officer, director, or partner (or, in the case of a limited liability company, an officer, member or a person having, with respect to such limited liability company, authority analogous to that of an officer or director with respect to a corporation) of an applicant for an agent's or wholesale dealer's license under Article 20 of the Tax Law, or if the applicant is a corporation, a shareholder, directly or indirectly, owning more than 10% of the number of share of voting stock of such corporation. It also includes persons who do or will exercise authority within the business comparable to the authority normally exercised by corporate officers, regardless of the form of business organization or lack of actual title.

I understand that the information I submit herein will be relied upon by the New York State Department of Taxation and Finance and a false statement or misrepresentation may constitute cause for the disapproval of the application or revocation of any license for which this application is submitted. I affirm that statements made herein are true and if any change occurs prior to the receipt of the license, I will notify the NYS Department of Taxation and Finance at the address shown on page 1 of this form by registered or certified mail within 48 hours. If a change occurs after receipt of the license, I understand that I must advise the Department prior to the occurrence of any change of ownership and/or location. The Department must be notified within 10 days of all other changes.

\_\_\_\_\_  
Signature Title Date

**Privacy notification**

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8, Room 338, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and Canada, call (518) 485-6800.