New York State Department of Taxation and Finance

Complaint About New York State Tax Return Preparer

DTF-4157
(10/13)

Return preparer information *(complete all known information; see instructions, Form DTF-4157-I)*

1 Preparer's professional status *(mark an X for all that apply)*

☐ Attorney   ☐ Registered tax return preparer   ☐ Certified Public Accountant (CPA)

☐ Enrolled Agent   ☐ Other/unknown: _____

2 Preparer's name and address	**3** Preparer's business name and address *(if different)*
4 Preparer's telephone number(s) *(include area code)*	**5** Preparer's email address
6 Preparer's Web site	**7** Preparer's electronic filing identification number (EFIN)
8 Preparer tax identification number (PTIN)	**9** Preparer's employer identification number (EIN)
10 Preparer's NYTPRIN	**11** Tax year(s) impacted

Nature of complaint *(complete all known information; see instructions)*

12a Review the statements below and mark an **X** in the box for all that apply

☐ Diverted refund to unknown account

☐ Failure to sign a refund anticipation loan

☐ Failure to explain refund anticipation loan

☐ Failure to provide copy of return

☐ Failure to return records

☐ Failure to sign returns

☐ False exemptions or dependents

☐ False expenses, deductions, or credits

☐ False or altered documents

☐ Other *(explain below)*

☐ False or overstated income or withholding amount on Form W-2 or 1099

☐ Incorrect filing status

☐ Misrepresentation of credentials

☐ No PTIN, SSN, or NYTPRIN

☐ PTIN or SSN misuse

☐ Return filed does not match client's copy

☐ Return filed without authorization or consent

☐ Theft of refund

☐ Unreported income

Nature of complaint *(continued)*

12b Provide facts and other information related to the complaint *(attach additional sheets if necessary)*

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Your contact information *(optional)*

13 Relationship to preparer

☐ Client   ☐ Return preparer working for the same firm

☐ Return preparer working for a different firm   ☐ Other *(specify)*: _____

Your name *(last, first, middle initial)*	Date of complaint

Your mailing address *(number and street, city, state, ZIP code)*

Your telephone number(s) *(include area code)*	Your email address

Send completed form with any supporting information to:

NYS TAX DEPARTMENT
OFFICE OF PROFESSIONAL RESPONSIBILITY
W A HARRIMAN CAMPUS
ALBANY NY 12227