



## **Tax Shelter Reportable Transactions**

Attachment to New York State Return

Tax Law Section 25(a)(1)

#### All filers must enter tax period:

begi	nning		ending	
Name(s) as shown on your return	Taxpa tax re	ayer identification num eturn	ber shown	on page 1 of your
Spouse's name (for personal income tax, if applicable)	Spou	se's identification num	lber (if appli	cable)
Mailing address				
City, village, town, or post office	St	tate	ZIP cod	e
Taxpayer's e-mail address				

File this form with your business tax return, your amended business tax return, your personal income tax return, or your amended personal income tax return.

1 Identify the type of federal reportable transactions. Mark an X in the box(es) that apply (see instructions, Form DTF-686-I).

	A. • Listed transaction	D. • Loss transaction
	B. • Confidential transaction	E.      Transaction with brief assets holding period
	C. • Transaction with contractual protection	F. • Transaction of interest
2	Enter the total number of IRS Form(s) 8886 that are attached to the	is form
3	Enter in the box(es) below the applicable code(s) for each federal	listed transaction being reported (see instructions).
4	↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓	• • • • • • • • • • • • • • • • • • •
	A. • New York listed transaction	
	B. • New York confidential transaction	
	C. • New York transaction with contractual protection	
5	Enter the total number of New York Form(s) DTF-686-ATT that are	attached to this form

# Waiver of the secrecy provisions of the Tax Law for purposes of a consolidated disclosure (see instructions)

As an authorized officer of the above named corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25.

	Printed name of authorized officer Signature of authorized officer			Official title		
Authorized					1	
officer	E-mail address of authorized officer		Telephone n	umber	Date	
			( )			



Please file this original scannable attachment with the Tax Department.

### DTF-686 (2011) (back)

### **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 5-a, 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 Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

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Visit our Web site at <i>www.tax.ny.gov</i> <ul> <li>get information and manage your taxes online</li> <li>check for new online services and features</li> </ul>				
Telephone assistance				
Corporation Tax Information Center: (518) 485-6027				
Personal Income Tax Information Center: (518) 457-5181				
To order forms and publications:	(518) 457-5431			
<b>Text Telephone (TTY) Hotline</b> (for persons with hearing and speech disabilities using a TTY): (518) 485-5082				
Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.				

