New York State Department of Taxation and Finance

Complaint About New York State Tax Return Preparer

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
- [ ] False or overstated income or withholding amount on Form W-2 or 1099
- [ ] Failure to sign a refund anticipation loan
- [ ] Incorrect filing status
- [ ] Failure to explain refund anticipation loan
- [ ] Misrepresentation of credentials
- [ ] Failure to provide copy of return
- [ ] No PTIN, SSN, or NYTPRIN
- [ ] Failure to return records
- [ ] PTIN or SSN misuse
- [ ] Failure to sign returns
- [ ] Return filed does not match client’s copy
- [ ] False exemptions or dependents
- [ ] Return filed without authorization or consent
- [ ] False expenses, deductions, or credits
- [ ] Theft of refund
- [ ] False or altered documents
- [ ] Unreported income
- [ ] Other (explain below)

__________________________________________________________________________

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

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