

Provide any additional information you would like to give to support this application or why you disagree with the notices listed above
(attach additional sheets, if needed):

Note: If the Tax Department determines that you are eligible for relief, you **must** enter into a written agreement with the department that describes the relief provided and the obligations you undertake. We will not approve that agreement until you pay the adjusted liability in full or enter into a satisfactory installment payment agreement.

Certification: 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 the intent to evade tax 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.

Applicant	Printed name of applicant		Signature of applicant	
	Email address of applicant		Telephone number ()	Date
Paid preparer use only	Firm's name (or yours if self-employed)		Firm's EIN	Preparer's PTIN or SSN
	Signature of individual preparing this return	Address	City	State ZIP code
	Email address of individual preparing this return		Preparer's NYTPRIN or	Excl. code Date

Mail this completed form, all attachments, and Form CMS-1-MN to:

**NYS TAX DEPARTMENT
BCMS
W A HARRIMAN CAMPUS
ALBANY NY 12227-0918**

If not using U.S. Mail, see Publication 55, *Designated Private Delivery Services*.

Privacy notification

New York State Law requires all government agencies that maintain a system of records to provide notification of the legal authority for any request for personal information, the principal purpose(s) for which the information is to be collected, and where it will be maintained. To view this information, visit our website at www.tax.ny.gov, or, if you do not have Internet access, call and request Publication 54, *Privacy Notification*.

Questions?

Call the Tax Department at 518-457-5434.

Paid preparer's responsibilities

Under the law, all paid preparers must sign and complete the paid preparer section of the form. Paid preparers may be subject to civil and/or criminal sanctions if they fail to complete this section in full.

When completing this section, enter your New York tax preparer registration identification number (NYTPRIN) if you are required to have one. If you are not required to have a NYTPRIN, enter in the *NYTPRIN excl. code* box one of the specified 2-digit codes listed below that indicates why you are exempt from the registration requirement. You **must** enter a NYTPRIN **or** an exclusion code. Also, you must enter your federal preparer tax identification number (PTIN) if you have one; if not, you must enter your SSN.

Code	Exemption type	Code	Exemption type
01	Attorney	02	Employee of attorney
03	CPA	04	Employee of CPA
05	PA (Public Accountant)	06	Employee of PA
07	Enrolled agent	08	Employee of enrolled agent
09	Volunteer tax preparer	10	Employee of business preparing that business' return