



Attachment to Form DTF-8 Application for Relief from Responsible Person Liability Under the Sales Tax Law

Complete this form for each sales tax assessment that you listed on Form DTF-8.

Submit all completed attachments with your Form DTF-8.

Applicant information

Applicant name	Social Security number	Telephone number ()
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Company for which you were assessed sales tax as a responsible person

Company name	Sales tax identification number
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Assessment information

Assessment number or ID	Tax period	Amount of tax
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For questions 1 through 13, mark an **X** in either the Yes or No box and enter all requested information following each question.

Ownership interest in the company during the assessed period *(attach supporting documentation)*

1 Did you have an ownership interest in the company? Yes No

If Yes, enter your percentage of ownership interest for the assessed period: _____ %

If your percentage of ownership changed during this period, enter the date of the change and describe the nature of the change: _____

2 Were you entitled to a distributive share of the profits or losses of the company? Yes No

If Yes, enter the percentage of the distributive share of profits or losses that you were entitled to for the assessed period: _____ %

If your distributive share changed during this period, enter the date of the change and describe the nature of the change: _____

3 Were you a general partner in the company at any time during the assessed period? Yes No

If Yes, enter the dates when you were a general partner (mm-dd-yyyy): _____ to _____

If No, enter the names of the general partners during the assessed period : _____

Involvement with the company during the assessed period

4 Did you hold any officer or management position with the company? Yes No

If Yes, enter the position(s) you held and for what period (mm-dd-yyyy): _____

Involvement with the company during the assessed period *(continued)*

For questions 5 through 14, if you need more space, attach an additional sheet in the same format for each answer.

- 5 Did you manage the day-to-day affairs of the company with knowledge and control over financial affairs? Yes No

If Yes, enter the type of affairs that you managed:

Type of affair	Start date	Completion date

If No, enter the name of the person who managed the day-to-day affairs of the company: _____

- 6 Did you sign any checks or authorize payments from the company's accounts? Yes No

If Yes, list the checks that you signed or payments that you authorized:

Name of payee	Check or payment date	Check or payment amount

If No, enter the name of the person who signed checks or authorized payments: _____

- 7 Were you responsible for, or did you supervise, the preparation of sales tax returns? Yes No

If Yes, list the sales tax returns that you were responsible for or supervised the preparation of:

Legal name of company	Sales tax identification number	Tax period

If No, enter the name of the person who was responsible for preparing sales tax returns: _____

- 8 Did you sign any documents, including but not limited to consents (extending the statute of limitation), installment payment agreements, leases, applications for insurance, or a power of attorney on behalf of the company? Yes No

If Yes, identify the type of documents that you signed:

Name of other party	Type of document	Date document signed

If No, enter the name of the person who signed documents on behalf of the company: _____

Involvement with the company during the assessed period (continued)

9 Did you have the authority to hire or fire the company's employees? Yes No

If Yes, describe your involvement: _____

If No, enter the name of the person who had this authority: _____

10 Did you have the authority to determine which creditors of the company would be paid? Yes No

If Yes, describe your involvement: _____

If No, enter the name of the person who determined which creditors would be paid: _____

11 Did you negotiate loans, borrow money for, hold a company credit card, or guarantee business loans to the company? Yes No

If Yes, enter the information below:

Name of lender or creditor	Date loan granted or credit approved	Amount of loan or credit

If No, enter the name of the person who had this authority: _____

12 Did you maintain the books and records for the company? Yes No

If Yes, enter the books and records you maintained:

Type of books and records	Dates maintained

If No, enter the name of the person who maintained the books and records: _____

13 On behalf of the company, did you:

• apply for a sales tax *Certificate of Authority*? Yes No

If No, enter the name of the person who did: _____

• apply for a *Certificate of Registration of Retail Dealers and Vending Machines for the Sale of Cigarettes and Tobacco Products*? Yes No

If No, enter the name of the person who did (if applicable): _____

Involvement with the company during the assessed period *(continued)*

- apply for a fuel distributor or motor fuel wholesaler license? Yes No

If *No*, enter the name of the person who did *(if applicable)*: _____

- sign sales tax exemption certificates? Yes No

If *No*, enter the name of the person who did *(if applicable)*: _____

- apply for any permits from the NYS Department of Health?..... Yes No

If *No*, enter the name of the person who did *(if applicable)*: _____

- apply for any beer, wine, or liquor permits from the NYS Liquor Authority? Yes No

If *No*, enter the name of the person who did *(if applicable)*: _____

14 Enter information regarding the identities of other potential responsible people

Name		Social Security number		Telephone number ()
Care of (c/o)		Address (number and street)		
City	U.S. state/Canadian province	ZIP/Postal code	Country	
Email address				
Name		Social Security number		Telephone number ()
Care of (c/o)		Address (number and street)		
City	U.S. state/Canadian province	ZIP/Postal code	Country	
Email address				
Name		Social Security number		Telephone number ()
Care of (c/o)		Address (number and street)		
City	U.S. state/Canadian province	ZIP/Postal code	Country	
Email address				