

**Tax Shelter Reportable Transactions****Attachment to New York State Return**

Tax Law - Article 1, Section 25(a)(1)

DTF-686**All filers must enter tax period:**beginning ending

| | | | |
|--|--|---|----------|
| Name as shown on your return | | Taxpayer identification number shown on page 1 of your tax return | |
| Spouse's name (for personal income tax, if applicable) | | Spouse's identification number (if applicable) | |
| Mailing address (number and street or PO Box) | | | |
| City, village, town, or post office | | State | ZIP code |
| Taxpayer's email 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 each box that applies (see instructions, Form DTF-686-I).

A. ☐ Listed transactionD. ☐ Loss transactionB. ☐ Confidential transactionE. ☐ Transaction with brief assets holding periodC. ☐ Transaction with contractual protectionF. ☐ Transaction of interest

2 Enter the total number of IRS Forms 8886 that are attached to this form **2**

3 Enter the applicable codes for each federal listed transaction being reported (see instructions).

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4 Identify the type of New York reportable transactions. Mark an **X** in each box that applies (see instructions).

A. ☐ New York listed transactionB. ☐ New York confidential transactionC. ☐ New York transaction with contractual protection

5 Enter the total number of New York Forms DTF-686-ATT that are attached to this form **5**

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, Article 9, section 202; Article 9-A, section 211.8; and Article 33, section 1518 as such provisions relate to the disclosure requirements of Tax Law section 25.

| | | | | |
|---------------------------|-------------------------------------|---------------------------------|----------------|------|
| Authorized officer | Printed name of authorized officer | Signature of authorized officer | Official title | |
| | Email address of authorized officer | Telephone number () | | Date |

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