



Department of Taxation and Finance

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 LEGAL_NAME	Taxpayer identification number shown on page 1 of your tax return EXT_TP_ID
Spouse's name (for personal income tax, if applicable)	Spouse's identification number (if applicable)
Mailing address (number and street or PO Box) MAIL_LN_1_ADR MAIL_LN_2_ADR	
City, village, town, or post office MAIL_CITY_ADR	State MAIL_ST_ADR
	ZIP code MAIL_ZIP_5_ADR MAIL_ZIP_4_ADR MAIL_CNTRY_CD
Taxpayer's email address BUS_EMAIL_ADR	

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).

LISTED_TRXN_IND

A. ☐ Listed transaction

CNFDTL_TRXN_IND

B. ☐ Confidential transaction

CNTCT_PRT_TRXN_IND

C. ☐ Transaction with contractual protection

LOSS_TRXN_IND

D. ☐ Loss transaction

ASST_HOLD_TRXN_IND

E. ☐ Transaction with brief assets holding period

TRXN_INT_IND

F. ☐ Transaction of interest

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

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).

NYS_LISTED_IND

A. ☐ New York listed transaction

NYS_CNFDTL_IND

B. ☐ New York confidential transaction

NYS_CNT_IND

C. ☐ New York transaction with contractual protection

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

There have been 34 switch indicators added to the layout for these fields. The switch which corresponds with the code(s) that the taxpayers enters in these boxes will be turned on. See field names in sticky note.

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 AUTHOFCR_FRST_NAME AUTHOFCR_LAST_NAME	Signature of authorized officer	Official title AUTHOFCR_TTLE_DESC
	Email address of authorized officer TP_EMAIL_ADR	Telephone number () AUTH_PH_NMBR	Date AUTH_OFCCR_SGN_DT

BAR_ID_CODE

686001260099

