



New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2018 Form IT-370 and Tax Year 2019 Form IT-2105

Electronic return originator (ERO): **Do not** mail this form to the Tax Department. Keep it for your records.

Taxpayer's name: _____ Spouse's name: _____
(jointly filed IT-370 only)

Purpose

This form is for use by EROs only. An ERO must complete this form when:

- The ERO is e-filing 2018 Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*, and
- the payment of the balance due on the e-filed IT-370 is being made by electronic funds withdrawal through an approved e-file software package.

OR

- The ERO is e-filing 2019 Form IT-2105, *Estimated Tax Payment Voucher*, and
- the payment on the e-filed Form IT-2105 is made by electronic funds withdrawal through an approved e-file software package.

Do not use this form to authorize payment on Form IT-370 or Form IT-2105 if an electronic funds withdrawal is **not** used or if you are filing Form IT-370 or Form IT-2105 on the Tax Department's website at www.tax.ny.gov.

Instructions

Complete this form only when you transmit an electronically filed Form IT-370 or IT-2105 **and** payment is being made by electronic funds withdrawal.

Important: You do not need to complete Form TR-579.1-IT for Form IT-370 extension requests if no payment is required, a paper check is used for the payment, or you are using the Tax Department's Internet extension application.

Do not mail Form TR-579.1-IT to the Tax Department. The ERO must keep this form for three years and present it to the Tax Department upon request.

Taxpayer authorization for electronic funds withdrawal for Form IT-370 and Form IT-2105

I authorize my ERO to transmit the information necessary for the New York State Tax Department to initiate an electronic funds withdrawal for the amount specified on this form from the financial institution account indicated below. I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2018 electronic extension request, or 2019 estimated tax payment voucher, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Financial institution information

- 1 Amount due with extension or estimated tax payments..... 1. _____
- 2 Financial institution routing number..... 2. _____
- 3 Financial institution account number 3. _____
- 4 Account type: Personal checking Personal savings Business checking Business savings

Taxpayer's signature: _____ Date: _____
(Only one account holder signature is necessary for jointly filed returns.)

Print name: _____