



**TAX COMMISSION OF THE CITY OF NEW YORK**  
**1 Centre Street, Room 2400, New York, NY 10007**

**TC150**  
**2018/19**

**SUPPLEMENTAL APPLICATION**

**INSTRUCTIONS:** Use this form to submit a supplemental application, from March 2 to March 23, inclusive, for one of the purposes listed.

**This submission is for attachment to an application identified as follows:**

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island)	BLOCK	LOT	ASSESSMENT YEAR <b>2018/19</b>	YEAR 2018/19
APPLICANT NAME				
REPRESENTATIVE			GROUP #, IF ANY	BOROUGH

**PURPOSE OF THIS SUBMISSION – Check the applicable box.**

- Rental property having an actual assessment of \$750,000 or more.** The original application did not include a complete statement of income and expenses. *Attach an income and expense schedule on Form TC201 and, if the actual assessment is \$1,000,000 or more, and income exceeds \$100,000, an accountant's certification on Form TC309.*
- Other income-producing property having an actual assessment of \$750,000 or more.** The original application did not include a complete statement of income and expenses on the appropriate Tax Commission form for a hotel, department store, theatre, parking garage or lot, cooperative or condominium. *Attach Form TC208, TC214 or TC203.*
- Form TC200, Part 5.** Lease information that was not filed with the original application (actual assessment of \$750,000 or more) is attached.
- Rental property having an actual assessment of less than \$750,000.** The original application did not include a complete statement of income and expenses, the applicant uses a calendar year for federal tax purposes and acquired the property from an unrelated person more than six months but less than twenty-four months before the beginning of this calendar year. *Complete Form TC201 for the calendar year or shorter period of ownership ending December 31 and file it with this form. Also attach the Tax Commission's Sale Schedule, Form TC230 and a copy of the closing statement.*

**ATTACHMENTS - List all schedules and documents attached.**

Attachment	Number of pages
_____	_____
_____	_____
_____	_____
<b>Total pages attached</b>	_____

**SIGNATURE AND CERTIFICATION**

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant, or a general partner, or member or manager of the Applicant. See instructions.

Print clearly name of person signing \_\_\_\_\_ **AND** check one of boxes i-vii below:

- Signer is:**
- i.  The Applicant.
  - ii.  Officer of corporate Applicant or Board of Managers. Title: \_\_\_\_\_
  - iii.  General partner of partnership Applicant.
  - iv.  Member or manager of, or individual officer authorized to act for, LLC Applicant. Title: \_\_\_\_\_
  - v.  An attorney, employee, property manager or other agent for the Applicant. **(If this box v is checked, a notarized Power of Attorney AND Form TC244 must be attached to this form or to the application or your application will be dismissed.)**
  - vi.  Fiduciary. Specify fiduciary relationship to Applicant \_\_\_\_\_ **(See TC600 for when documentation of authority must be attached.)** If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: \_\_\_\_\_
  - vii.  An officer, general partner, or member or manager of an entity that is the general partner or manager of the Applicant.  
 Enter name of entity, relationship to Applicant and signer's title: Name of entity \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ Signer's Title \_\_\_\_\_

**OATH I have read this form before signing below, including all relevant instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this form and on any attachments and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.**

Signature of Signer: _____ Date _____	<b>NOTARY STAMP</b>	<b>DATE RECEIVED</b>
Sworn to before me:		
County _____ State _____ Date _____		
Signature of person administering oath: _____		
The signer must appear and acknowledge the signature before a notary.		