



AGREEMENT TO AUTHORIZE ELECTRONIC TRANSMITTAL OF TAX INFORMATION

Name of Taxpayer: _____ Type(s) of Tax: _____
FIRST NAME LAST NAME

Taxpayer's E-mail Address: _____ NYC Admin. Code, Title 11, Chapter(s) _____

Taxpayer's Phone Number: (_____) _____ Taxpayer's Fax Number: (_____) _____

Name of Representative: _____ Representative's E-mail Address: _____
FIRST NAME LAST NAME

Representative's Phone Number: (_____) _____ Representative's Fax Number: (_____) _____

Effective Date of Agreement: _____ End Date of Agreement: _____
MONTH DAY YEAR MONTH DAY YEAR

The Taxpayer hereby authorizes the New York City Department of Finance ("DOF") to transmit tax secret information pertaining to the Taxpayer with the Taxpayer or the Taxpayer's Representative using e-mail, web sites, or other internet-based service (hereinafter referred to as "the electronic transmittal of information").

DOF is agreeing to the electronic transmittal of information solely for the convenience of the Taxpayer or the Taxpayer's Representative. The tax secret information that will be transmitted in such manner may include the Taxpayer's tax returns or information contained in Taxpayer's tax returns. Applicable provisions in the New York City Administrative Code prohibit the disclosure by DOF of tax secret information.

DOF has written security procedures relating to transmitting information with members of the public using e-mail, web sites, or other internet-based service, of which the Taxpayer and Taxpayer's Representative may have a copy upon request. DOF does not represent or promise that these procedures are adequate to preserve the secrecy of tax secret information transmitted in such manner.

The Taxpayer and the Taxpayer's Representative hereby release The City of New York ("City") from any and all liability, and the Taxpayer agrees to indemnify and hold the City harmless from any damage, arising out of the electronic transmittal of information.

CERTIFICATION

Signature of Taxpayer: _____ Dated: _____
MONTH DAY YEAR

Signature of Taxpayer's Representative: _____ Dated: _____
MONTH DAY YEAR

Note: If the Taxpayer or the Taxpayer's Representative is not an individual, then the following signature format should be used:

Signature of Taxpayer (or Taxpayer's Representative): _____

By: _____ Title: _____
PRINT FIRST AND LAST NAME OF SIGNER