

AUTHORIZATION TO RECEIVE CONFIDENTIAL TAX INFORMATION FOR NYC-3A TAX FILERS

	Name of corporation authorizing disclosure		
	Address (number and street)		
_	City and State	Zip Code	
	Business telephone number		
	Employer Identification Number		
	of reporting corporation		
I,	(PRINT NAME OF THE PERSON AUTHORIZING THE DISCLOSURE)	, hereby certify that I a	ım the
	(PRINT NAME OF THE PERSON AUTHORIZING THE DISCLOSURE)		
	(PRESIDENT, CHIEF EXECUTIVE OFFICER)	of the abov	e-described
-	tion filing an NYC-3A (Combined Return). I understand that the mation related to this corporation and information related to affil NAME OF EMPLOYEE:		
	T ELA	SE I KIIVI	
	EMPLOYEE'S SOCIAL SECURITY NUMBER:OPTIONAL	SAME AS PREVIOUS AUTHORIZATIONYES	NO 🗖
2.	BUSINESS ADDRESS:	— SAME AS PREVIOUS	
		AUTHORIZATIONYES 🖵	NO 🗖
3.	TELEPHONE NUMBER:	SAME AS PREVIOUS AUTHORIZATIONYES □	NO 🗖
4.	FAX NUMBER:	SAME AS PREVIOUS AUTHORIZATIONYES	№ □
	Signed	 Date	

INSTRUCTIONS

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This authorization enables an employee to discuss and receive confidential tax information pertaining to a combined return covered by the authorization (non-employees of a taxpayer must submit a power of attorney). The purpose of this authorization is to facilitate communication with the New York City Department of Finance. It enables an employee of an authorizing corporation ("corporation") to expediently resolve day-to-day tax matters that cannot be resolved without disclosure of confidential tax information by the Department. It also allows the Department to contact a specific person who is in a position to discuss and provide any information needed.

Only an employee of the corporation may be designated. The Department may rely on the authorization as conclusive evidence of the designated employee's due authorization to receive confidential information related to the combined returns and to discuss such information with the Department. This authorization does not constitute a power of attorney and it does not authorize the employee to act so as to bind the corporation to any action; it does not constitute a notification to the Department of a change in the corporation's last known address for purposes of mailing statutory notices.

The designation statement must be signed by the corporate president, chief executive officer, or any other officer if attested by the secretary or another officer of the corporation. Receivers, trustees and executors of business entities may authorize disclosure of confidential tax information. The signature on the designation statement of any individual is conclusive evidence of that individual's due

authority to sign the designation on behalf of the corporation.

The designation of an employee by this form will go into effect within 30 days after receipt by the Department. Receipt of a new designation form revokes all previous designations made by the taxpayer with respect to the General Corporation Tax. Twelve months after it is filed, the current designation (if any) will automatically expire. Thus, to maintain a designated representative, a new designation must be completed and filed each year. The designation made on this form is valid for all matters related to the General Corporation Tax, but not for other taxes.

A corporation may revoke an authorization prior to the 12 month automatic expiration by notifying the Department in writing of the revocation. If a new authorization is to be made, the corporation must provide to the Department all of the information required by the authorization form. To satisfy this requirement, the corporation may submit a completed photocopy of the authorization form. Such notifications should be mailed to the address listed below.

Mail the completed form to:

New York City Department of Finance Entity Processing Unit 25 Elm Place, 3rd Floor Brooklyn, NY 11201-5807