



# Tax Information Authorization

**This is not a Power of Attorney.**

Read the instructions in Form DTF-280-I.

### 1. Taxpayer information (please print or type)

Taxpayer name(s) (if <b>joint</b> income tax return, enter both names)			Taxpayer SSN or EIN
Mailing address			Spouse's SSN (if applicable)
City, Village, town, or post office	State	ZIP code	State of incorporation (if applicable)

### 2. Appointee information

Appointee's name	Mailing address (include firm name, if applicable)	Telephone number
		( )
		( )
		( )

### 3. Tax matter(s)

The appointee is authorized to receive your confidential information (not including copies of tax returns) from the Tax Department for the tax matter(s) listed below.

Type(s) of tax (income, sales, corporation, etc.)	Tax year(s), period(s), or transaction(s)

### 4. Retention/revocation of prior tax information authorization(s)

The filing of this tax information authorization automatically revokes all prior authorizations on file with the New York State Department of Taxation and Finance for the same tax matters you listed above in section 3. If you **do not** want to revoke a prior tax information authorization, mark an **X** in this box. Attach a copy of any tax information authorization you want to remain fully in effect. ....

The filing of Form DTF-280, *Tax Information Authorization*, **does not revoke** any **power of attorney** that is currently in effect for the same tax matters you listed above.

### 5. Taxpayer signature (Taxpayer(s) must sign and date this form below.)

**Either** husband or wife must sign below if a **joint** income tax return was filed.

If the taxpayer named in section 1 above is other than an individual: I certify that I am acting in the capacity of a corporate officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary on behalf of the taxpayer, and that I have the authority to execute this tax information authorization on behalf of the taxpayer.

Signature	Title, if applicable	Date
Type or print name of person signing this form if <b>not</b> the taxpayer(s) named in section 1 above.		
Signature	Title, if applicable	Date
Type or print name of person signing this form if <b>not</b> the taxpayer(s) named in section 1 above.		

Mail to: **NYS TAX DEPARTMENT  
TCC - ACCOUNT SERVICES SECTION  
WA HARRIMAN CAMPUS  
ALBANY NY 12227-0140**

Fax number: (518) 435-8406