



START-UP NY Questionnaire

To make sure you and your employees receive all the tax-saving benefits of the START-UP NY program, complete this questionnaire and return it to the Tax Department within **20 days**. If you have questions, call (518) 591-5240.

Indicate whether this questionnaire is original **or** reporting changes to the original

1. Confirm your registration information

Draw a line through any incorrect information and write the correct information below it.

Business name:

Certificate number:

Business type:

ESD approval date:

Tax-free NY location address:

Mailing address if different than location address:

Changes:

2. Provide your START-UP NY certificate dates

Sales tax/real property tax benefit start date: (mm-dd-yy)
(From Form STR-1; if form not received from your sponsor, enter N/A*; do not leave blank.)

Location date in the tax-free NY area: (mm-dd-yy)
(From Form DTF-74; if form not received from your sponsor, enter N/A*; do not leave blank.)

* When you receive your certificate, call the Tax Department at (518) 591-5240 to provide this date.

3. Provide your business information

Complete either section A **or** section B below to provide:

- the federal employer identification number (EIN) or social security number (SSN) for the business (or business owner) claiming START-UP NY benefits or reporting eligible employees, and
- the name, phone number, and email address of a contact person.

Note: Contact persons who are not owners or officers of the business will not be able to access any confidential tax information about the business unless you file a power of attorney (Form POA-1, *Power of Attorney*) with the Tax Department.

A. Single EIN and contact information for all tax types

If your business only uses one EIN to report and file all New York State taxes, enter that number and contact information below.

EIN	Contact name
Phone number (with area code)	Email address

B. Multiple EINs and contacts for different tax types

Enter the information below if your business is using more than one EIN to claim START-UP NY benefits or to report and file New York State taxes, or if you have different contact names for different tax types.

Tax benefit		EIN*	Contact name	Contact phone number and email address
Credit or refund of sales and use tax				
Real estate transfer tax exemption				
Tax elimination credit				
Telecommunication excise tax credit				
MCTMT	Payroll exemption			
	Sole proprietor			
Exemption from organization taxes or license and maintenance fees				
Wage reporting, withholding tax, and START-UP NY employee reporting				

* If you are a sole proprietor, provide your EIN or SSN, whichever is applicable.

4. Where to mail

Mail the completed questionnaire to:

**NYS TAX DEPARTMENT
START-UP NY PROGRAM
W A HARRIMAN CAMPUS
ALBANY NY 12227-0865**

5. Report any changes to the Tax Department within 20 business days

If any of the information you reported on this questionnaire changes or is no longer applicable to your business, you must notify the Tax Department within 20 business days of the change. Call (518) 591-5240 or mail a corrected questionnaire (Form DTF-73.2).

Prepared by (<i>print name</i>)*	Phone (<i>include area code</i>)*	Email address

* Required