



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 of receiving your Form STR-1** from your sponsor. 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: _____ Issue: _____

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

Eligibility date as shown on your Form STR-1: _____ (mm-dd-yy)
(Do not leave blank.)

Locate date as shown on your Form DTF-74: _____ (mm-dd-yy)
(If you have not yet received Form DTF -74 from your sponsor, enter N/A*; do not leave blank.)

Transfer date, if applicable: _____ (mm-dd-yy)

* When you receive your Form DTF-74, call (518) 591-5240 to notify the Tax Department of your *locate 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

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, enter the EINs and contact information below. For example, if a professional employer organization (PEO) is considered the employer of record for tax purposes, you must provide the EIN and contact information for the PEO where appropriate.

| 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 | | | |
| 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. Attach copies of your START-UP NY certificates

If you do not have your Form DTF-74 because you have not yet located in the tax-free NY area, attach a copy of your Form STR-1 and call the Tax Department at (518) 591-5240 when you receive your Form DTF-74.

5. Where to mail

Mail the completed questionnaire **with copies of your START-UP NY certificates** to:

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

6. 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 (print name)* | Phone (include area code)* | Email address |
|---------------------------|----------------------------|---------------|
| | | |

*Required