

**New York State
Department of Taxation and Finance
Bureau of Conciliation and Mediation Services
Building 9
W. A. Harriman Campus
Albany, NY 12227**

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| <i>For official use only — BCMS</i> |
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Request for Conciliation Conference

Send two (2) completed copies of this form to the above address. Also, a copy of the notice/assessment you received **must** be attached. It is recommended that you use registered or certified mail.

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| Notice/Assessment identification number |
| Taxpayer identification number (Employer ID number or social security number) |

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|-----------------------------------|---------------------------------|
| Name on notice/assessment | Daytime telephone number () |
| Current address | |
| Address on notice/assessment | |
| Taxpayer's representative, if any | Telephone number () |
| Address | |

If a power of attorney is attached, check this box

If this request is signed by anyone other than the taxpayer, it must be accompanied by a duly executed power of attorney unless (1) a power of attorney has already been filed (attach copy), or (2) the taxpayer is mentally or physically incapable of signing, or (3) the taxpayer is a minor and this request is signed by the adult spouse, parent, guardian or the person who prepared the return.

I (We) _____, the taxpayer(s) or representative named above, request a conciliation conference, pursuant to section 170.3-a of the New York State Tax Law, and in support of such request state as follows:

1. The tax in question is (check appropriate box or boxes)

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| <input type="checkbox"/> Personal income tax (NYS - Article 22) | <input type="checkbox"/> Sales and compensating use taxes (Articles 28 and 29) |
| <input type="checkbox"/> Personal income tax (NYC - Article 30, or Chapter 17 and 19 of Title II of Admin. Code City of New York) | <input type="checkbox"/> Corporation tax (Articles 9, 9-A, 13, 13-A, 27, 32 and 33) |
| <input type="checkbox"/> Personal income tax (Yonkers - Article 30-A or 30-B) | |
| <input type="checkbox"/> Other (please specify the particular tax) _____ | |

2. The tax in question is for the taxable year(s) or period(s) _____

3. A) Redetermination of deficiency or revision of determination is requested:

Date of notice/assessment (attach copy) _____, 19 _____
 Tax amount due \$ _____
 Penalty and/or interest due \$ _____

Or

B) Refund is requested:

Amount of refund requested \$ _____
 Date of notice of disallowance (attach copy) _____, 19 ____
 No notice of disallowance has been
 received, but a claim for refund was
 filed on (attach copy) _____, 19 ____

Or

C) License, permit, registration or exempt status is requested:

Type of license, permit, registration or exempt status _____
 Date of notice of cancellation,
 revocation, suspension or denial of
 application (attach copy) _____

4. State the basis for making this claim. Include all relevant facts.

5. I certify that I have not previously requested a conference with the Bureau of Conciliation and Mediation Services, and no relief has been previously granted with respect to any of the above-stated items. This statement is made with the knowledge that a willfully false representation is a misdemeanor punishable under section 210.45 of the Penal Law.

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| Signature of Taxpayer or Representative | Date |
|---|------|

Privacy Notification

Our authority to require personal information including social security and employer identification numbers is found in the Tax Law, including section 170.3-a thereof, and the regulations of the Commissioner of Taxation and Finance.

We will use this information primarily to administer proceedings in the Bureau of Conciliation and Mediation Services, to identify the taxpayer, and for any other purposes authorized by law.

Failure to provide the required information may result in delay of a conference or prevention of completion of the conciliation process and possible resumption of any time period specified in the Tax Law which culminates in an assessment.

This information will be maintained by Director, Bureau of Conciliation and Mediation Services, Department of Taxation and Finance, W. A. Harriman Campus, Building 9, Albany, NY 12227; telephone (518) 457-1723.