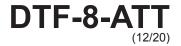


Department of Taxation and Finance

Attachment to Form DTF-8 Application for Relief from Responsible Person Liability Under the Sales Tax Law



Complete this form for each sales tax assessment that you listed on Form DTF-8.

Submit all completed attachments with your Form DTF-8.

Applicant information Applicant name Social Security number Telephone number Company for which you were assessed sales tax as a responsible person Company name Sales tax identification number **Assessment information** Assessment number or ID Tax period Amount of tax For questions 1 through 13, mark an **X** in either the Yes or No box and enter all requested information following each question. Ownership interest in the company during the assessed period (attach supporting documentation) If Yes, enter your percentage of ownership interest for the assessed period: _____ If your percentage of ownership changed during this period, enter the date of the change and describe the nature of the change: No If Yes, enter the percentage of the distributive share of profits or losses that you were entitled to for the assessed If your distributive share changed during this period, enter the date of the change and describe the nature of the change: 3 Were you a general partner in the company at any time during the assessed period?...... Yes If Yes, enter the dates when you were a general partner (mm-dd-yyyy): If No, enter the names of the general partners during the assessed period : Involvement with the company during the assessed period If Yes, enter the position(s) you held and for what period (mm-dd-yyyy): _

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Involvement with the company during the assessed period (continued)

For questions 5 through 14, if you need more space, attach an additional sheet in the same format for each answer. 5 Did you manage the day-to-day affairs of the company with knowledge and control over financial affairs? Yes If Yes, enter the type of affairs that you managed: Type of affair Start date Completion date If No, enter the name of the person who managed the day-to-day affairs of the company: _ 6 Did you sign any checks or authorize payments from the company's accounts? Yes If Yes, list the checks that you signed or payments that you authorized: Name of payee Check or payment date Check or payment amount If No, enter the name of the person who signed checks or authorized payments: _ No If Yes, list the sales tax returns that you were responsible for or supervised the preparation of: Legal name of company Sales tax identification number Tax period If No, enter the name of the person who was responsible for preparing sales tax returns: Did you sign any documents, including but not limited to consents (extending the statute of limitation), installment payment agreements, leases, applications for insurance, or a power of attorney on behalf of If Yes, identify the type of documents that you signed: Name of other party Type of document Date document signed

If No, enter the name of the person who signed documents on behalf of the company: __

lnv	volvement with the company during the assessed	period (continued)				
9	Did you have the authority to hire or fire the company's employees?					
10						Did you have the authority to determine which creditors of the company would be paid?
	If Yes, describe your involvement:					
	If No, enter the name of the person who determined which creditors would be paid:					
11	Did you negotiate loans, borrow money for, hold a company credit card, or guarantee business loans to the company?					
	If Yes, enter the information below:					
	Name of lender or creditor	Date loan granted or cred	Date loan granted or credit approved		Amount of loan or credit	
	If No, enter the name of the person who had this authority:					
12	Did you maintain the books and records for the company?					
	If Yes, enter the books and records you maintained:					
	Type of books and records			Dates maintained		
	If No, enter the name of the person who maintained the books and records:					
4.0						
13	On behalf of the company, did you:					
	apply for a sales tax Certificate of Authority?					
	If No, enter the name of the person who did:					
	apply for a Certificate of Registration of Retail Dealers and Vending Machines for the Sale of Cigarettes and Tobacco Products?					
	If No, enter the name of the person who did (if applicable):					

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Involvement with the company during the assessed period (continued) apply for a fuel distributor or motor fuel wholesaler license? Yes If No, enter the name of the person who did (if applicable): sign sales tax exemption certificates? No If No, enter the name of the person who did (if applicable): apply for any permits from the NYS Department of Health?..... Yes No L If No, enter the name of the person who did (if applicable): ___ No If No, enter the name of the person who did (if applicable): Enter information regarding the identities of other potential responsible people Name Social Security number Telephone number Care of (c/o) Address (number and street) City U.S. state/Canadian province ZIP/Postal code Country Email address Name Social Security number Telephone number Care of (c/o) Address (number and street) City U.S. state/Canadian province ZIP/Postal code Country Email address Telephone number Name Social Security number Care of (c/o) Address (number and street) City U.S. state/Canadian province ZIP/Postal code Country Email address