



Business Contact and Responsible Person Questionnaire

Retain a copy of this form for your records for each business contact or responsible person.

Who should complete this questionnaire

Any officer, partner, member, shareholder, or employee who is considered a business contact of the business applying for a sales tax *Certificate of Authority* should complete the *Business contact information* section below. Also, a business contact who is a responsible person should also complete the *Responsible person information* section on page 2.

Responsible person

A *responsible person* generally includes anyone who does any of the following:

- is actively involved in operating the business on a daily basis
- is involved in deciding which financial obligations are paid
- is involved in personnel activity (such as hiring or firing employees)
- has check signing authority
- prepares tax returns
- has authority over business decisions
- is a tax manager or general manager

In addition, certain owners, officers, partners, and members of limited liability companies (LLCs) are automatically considered responsible persons. To determine who is considered a business contact or responsible person, see the table below.

Entity type	Business contacts	Responsible persons?
Individual (sole proprietor)	Owner	Yes
Partnership, limited partnership (LP), or limited liability partnership (LLP)	All general partners	Yes
	Any limited partner who: <ul style="list-style-type: none"> • actively runs the business, or • has at least 20% ownership or profit distribution percentage 	Yes, if the limited partner does any of the following: <ul style="list-style-type: none"> • is actively involved in operating the business on a daily basis • is involved in deciding which financial obligations are paid • is involved in personnel activity (such as hiring or firing employees) • has check signing authority • prepares tax returns • has authority over business decisions • is a tax manager or general manager
LLC	All members Appointed manager (if a manager-managed LLC)	Yes
Corporation	CEO CFO President Vice President Treasurer Secretary	Yes, if the corporate officer or shareholder does any of the following: <ul style="list-style-type: none"> • is actively involved in operating the business on a daily basis • is involved in deciding which financial obligations are paid • is involved in personnel activity (such as hiring or firing employees) • has check signing authority • prepares tax returns • has authority over business decisions • is a tax manager or general manager
	Any shareholder who has at least 20% ownership or profit distribution interest.	Yes, if the shareholder: <ul style="list-style-type: none"> • does any of the following (regardless of the amount of ownership or profit distribution interest): <ul style="list-style-type: none"> – is actively involved in operating the business on a daily basis – is involved in deciding which financial obligations are paid – is involved in personnel activity (such as hiring or firing employees) – has check signing authority – prepares tax returns – has authority over business decisions – is a tax manager or general manager • owns more than 50% of the voting stock of the corporation

Business contact information

Name (first, middle initial, last, suffix)		Business title		Date of birth (mm/dd/yyyy) / /	
Home address (number and street; not a PO Box)		City	U.S. state/Canadian province	ZIP/Postal code	Country
Home phone number ()		Ownership percentage except for government entities, trusts, and estates:		Profit distribution percentage, if different than ownership percentage:	
E-mail address					
Are you a responsible person? Yes <input type="checkbox"/> No <input type="checkbox"/> If you are a responsible person, complete the <i>Responsible person</i> <i>information</i> section.					

Responsible person information (Mark an X in the Yes or No box for each question below.)

SSN 	Country of residence	Effective date of assuming responsibility / /
Partnerships, LPs, LLPs, and LLCs: Have you been designated as a tax matters partner or as the person responsible for tax issues? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Manager-managed LLC: Are you the appointed manager? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Will you be actively involved in operating this business on a daily basis? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Will you be involved in deciding which financial obligations are paid? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Will you be involved in personnel activity (such as hiring or firing)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Primary duties - You must mark Yes for at least one of the business duties listed below:		
• Will you have check signing authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Will you prepare tax returns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Will you have authority over business decisions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
• Are you a tax manager or general manager?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any open, unsatisfied judgments, injunctions, or liens in effect today? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have any felony, misdemeanor, and/or administrative charges currently pending? Yes <input type="checkbox"/> No <input type="checkbox"/>		
At any time within the last five years, have there been any judgments, injunctions, or liens issued against you? Yes <input type="checkbox"/> No <input type="checkbox"/>		
At any time within the last five years, have you had any permit, license, concession, franchise, or lease terminated for cause or revoked for any reason? Yes <input type="checkbox"/> No <input type="checkbox"/>		
At any time within the last five years, have you been investigated by any governmental or quasi-governmental agency, including but not limited to federal, state, and local regulatory agencies? Yes <input type="checkbox"/> No <input type="checkbox"/>		
At any time within the last five years, have you been convicted of a misdemeanor and/or found in violation of any administrative, statutory, or regulatory provisions? Yes <input type="checkbox"/> No <input type="checkbox"/>		
At any time within the last five years, have you had any sanction imposed as a result of a judicial, regulatory, or administrative proceeding with respect to any license, permit, concession, franchise, or lease? Yes <input type="checkbox"/> No <input type="checkbox"/>		
At any time within the last five years, have you failed to file any applicable federal, state, or New York City tax return by the applicable due date? Yes <input type="checkbox"/> No <input type="checkbox"/>		
At any time within the last five years, have you failed to pay any applicable taxes or assessed government charges by the applicable due date? Yes <input type="checkbox"/> No <input type="checkbox"/>		
At any time within the past seven years, has any bankruptcy proceeding been initiated by or against you? Yes <input type="checkbox"/> No <input type="checkbox"/>		
At any time within the last ten years, have you been convicted of a felony and/or any crime related to truthfulness and/or business conduct? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Retain a copy of this form for your records for each business contact or responsible person.



DTF-17-ATT

(1/14)

New York State Department of Taxation and Finance

Schedule of Business Locations For a Consolidated Filer

For office use only

ID# _____

COA type

Regular ☐

Temporary ☐

Use this schedule if:

- you checked box 14b on Form DTF-17, *Application to Register for a Sales Tax Certificate of Authority*; or
- you are already a registered sales tax vendor and you are going to open an additional location(s) and file a consolidated return.

Do not begin business at the new location until you receive your sales tax *Certificate of Authority* for that location.

Do not use this schedule if you will be filing separate sales tax returns for each location. See Tax Bulletin ST-360 (TB-ST-360), *How to Register for New York State Sales Tax*.

Legal name	Sales tax identification (ID) number
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DBA or trade name (if different from legal name above)				
Street address (number and street)		City	U.S. state/Canadian province	ZIP/Postal code
County	Country	Business phone number ()	Date business will begin at this location:	
DBA or trade name (if different from legal name above)				
Street address (number and street)		City	U.S. state/Canadian province	ZIP/Postal code
County	Country	Business phone number ()	Date business will begin at this location:	
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County	Country	Business phone number ()	Date business will begin at this location:	

Legal name	Sales tax ID number
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To list more locations, photocopy this schedule, as needed.

DBA or trade name (if different from legal name above)			
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County	Country	Business phone number ()	Date business will begin at this location:
DBA or trade name (if different from legal name above)			
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DBA or trade name (if different from legal name above)			
Street address (number and street)	City	U.S. state/Canadian province	ZIP/Postal code
County	Country	Business phone number ()	Date business will begin at this location:

Signature of responsible person – Complete all fields

I certify that I have read and understand the instructions that accompany this schedule; and that the statements made as part of this schedule are true, complete, and correct; and that no material information has been omitted. I have had the opportunity to discuss this schedule with a tax advisor and to contact the Tax Department with any questions. I acknowledge that the Tax Department will rely on the information supplied in this schedule in determining whether to issue the requested sales tax *Certificate of Authority*, and that this schedule will be filed with and become a part of the records of the Tax Department. I make these statements with the knowledge that willfully providing false or fraudulent information in this schedule may constitute a felony or other crime under New York State Law, punishable by a fine and/or jail. I understand that the Tax Department is authorized to investigate the validity of any information entered on this document, and may request additional information or documentation in connection with this schedule. If a *Certificate of Authority* is granted by the Department, it is subject to renewal pursuant to Tax Law section 1134(a)(5), and it may be revoked at any time due to any false statement or fraud committed in the application process. I also understand that I am required under New York State Law to promptly notify the Tax Department of any changes to the information supplied in this schedule.

Name	SSN	Date
Signature	Title	Daytime telephone number ()

If your schedule is missing information or is not signed, we will return it to you.

See Form DTF-17-I, Instructions for Form DTF-17, for Need help? and mailing information.