



PromptTax – Withholding Tax Statement of Exemption from Mandatory Participation

Taxpayer ID number		Taxpayer name	
Taxpayer street address			
City		State	ZIP code
Primary contact name		Primary contact email address	
Primary contact phone number		Primary contact fax number	

Department records indicate that you may be required to participate in the PromptTax withholding tax program. Review the exemption criteria listed below. If you qualify for either of the exemptions, you **must** complete and submit this form to establish that you are not required to participate.

Check the box next to each exemption criterion that applies to you:

- Health Care Providers that are organizations described in Public Health Law Article 28 or 36 or in Mental Hygiene Law Article 16 or 31 are exempt from participation in the program. You must attach a copy of the operating certificate issued by the Department of Health.
- The aggregate tax withheld on Form NYS-45, *Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return*, for all four quarters of the tax year immediately prior to the year for which you are requesting exemption, is less than \$100,000. You must attach copies of Form NYS-45 for all four quarters related to the tax year immediately prior to the year for which you are requesting exemption.

You will receive notification granting or denying your exemption request within 14 days.

Mail this form to:

NYS TAX DEPARTMENT, PROMPTAX WITHHOLDING TAX, W A HARRIMAN CAMPUS, ALBANY NY 12227-0865

See Publication 55, *Designated Private Delivery Services*, if not using U.S. Mail.

Questions?

- Visit our Web site at www.tax.ny.gov
- Call the PromptTax Customer Service Center at (518) 457-2332

This form requires a **notarization**.

Signature of chief fiscal officer: _____

Printed name of signatory: _____

Date: _____

Signature of notary public	Date
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Notary public: affix stamp (or other indication of notary's authority).

Keep a copy of this completed form for your records.