



PromptTax — Withholding Tax Enrollment Application

You must complete sections I, II, V, and VII of this application. Complete section III only if you are selecting the *ACH Debit* option. Mandatory participants must enroll within 20 days of the postmark of the official notification letter. **Failure to enroll** within 20 days may result in the imposition of a penalty.

Note: Required fields are indicated by an asterisk (*).

I. Enrollment data

* Taxpayer ID: _____

DBA company name: _____
(please print)

* Legal company name: _____

Mailing address: _____

City: _____

State/Province: _____

Country: _____

ZIP code: _____ - _____

Please indicate below the individual designated as the taxpayer's **primary** contact for the PromptTax Withholding Tax Program. This individual will receive all material related to PromptTax participation, including access code, confidential password, forms, and payment notices. **Do not** designate a payroll service vendor as a primary contact person. The taxpayer's primary contact person **must** be a member of its organization. Please make entries in **all** the fields below.

* Primary contact person: _____
(please print)

* Mailing address: _____

* City: _____

* State/Province: _____

* Country: _____

* ZIP code: _____ - _____

* Telephone number: () _____

Fax number: () _____

Email address: _____

Please indicate a **secondary** contact person.

Secondary contact person: _____
(please print)

Mailing address: _____

City: _____

State/Province: _____

Country: _____

ZIP code: _____ - _____

Telephone number: (____) _____

Fax number: (____) _____

Email address: _____

Please check any of the following that apply.

- The taxpayer is applying for voluntary participation in the PromptTax Withholding Tax Program. The taxpayer is not mandated to participate in such program. The taxpayer wishes to volunteer.
- The taxpayer is an Educational Organization as described in subdivision (k), (l), or (m) of section 50.1 of 8 NYCRR.
- The taxpayer is a Health Care Provider (as described in Article 28 or 36 of the Public Health Law or in Article 16 or 31 of the Mental Hygiene Law) and the taxpayer is applying for voluntary participation in the PromptTax Withholding Tax Program. The taxpayer is not required to participate in such program.

II. Payment option selection

Refer to the PromptTax Web site www.nystax.gov/prompt for an explanation of the four available options for filing and remitting Withholding Tax payments. You must select **one** option. If the taxpayer uses a payroll service vendor to file Withholding Tax returns and make Withholding Tax payments, select the payment method that the payroll service vendor will use to remit the taxpayer's payments.

- The taxpayer selects the **ACH Debit** payment option. Section III, *ACH Debit Authorization*, must also be completed.
- The taxpayer selects the **ACH Credit** payment option.
- The taxpayer selects the **Fedwire** payment option.
- The taxpayer selects the **Certified Check** payment option.

III. ACH Debit Authorization

If the *ACH Debit* method for electronic payment of withholding taxes was selected, this section must be completed.

I, the undersigned, hereby authorize the New York State Department of Taxation and Finance to debit the bank account indicated below for the purpose of collecting New York State, City of New York, and Yonkers withholding tax. Amounts debited shall correspond to information supplied by the taxpayer in its electronic filing for the applicable period.

If the taxpayer changes its bank and/or the bank account to be debited, I will update the taxpayer's enrollment information with the new routing transit number and/or bank account number. Failure to timely notify the Department of a change in account information may result in an assessment of penalty and interest.

You may access the PromptTax Web site at www.nystax.gov/prompt to confirm the effective date and amount of the tax payment made by the debit transaction.

The Tax Department considers the taxpayer bank account information on the *ACH Debit Authorization* confidential and will use it only for purposes of tax administration.

Enter the taxpayer's bank account information below. All fields are required.

Routing Transit Number: _____

Bank Account Number: _____

Bank Account Category: Business Consumer

Bank Account Type: Checking Savings

IV. Authorization for release of confidential information

On behalf of the taxpayer, I authorize release of the taxpayer's confidential tax information to the below named payroll service vendor filing a return or making a payment of tax on the taxpayer's behalf.

Payroll service name: _____

V. Initial payroll date filing

Mandatory participants

The taxpayer must begin reporting its withholding tax payments under the PromptTax Program no later than 60 days following the postmark date of the official notification letter.

Voluntary participants

The taxpayer may select any future payroll date to begin filing under the PromptTax Program.

See the PromptTax Web site at www.nystax.gov/prompt for details regarding daily time frames to initiate the taxpayer's transaction on time for the payment option you have selected.

* Withholding start date: _____ / _____ / _____
mm dd yyyy

Note: Enrollment applications with no start date, or with a start date that has already past, will be assigned a start date of the next available business day.

VI. Access code and password

Upon completion of this enrollment, the taxpayer will be issued an access code and password which will be used by ACH Debit filers to make payments and to log in to the online payment system. ACH Credit and Fedwire filers must include the access code in their payment addenda records. The taxpayer's access code and password will be mailed under separate cover. If you fail to receive the taxpayer's access code and password, contact the PromptTax Customer Service Center at 1 800 338-0054.

VII. Authorized signature

I have examined the information on this PromptTax Withholding Tax Enrollment Application and, to the best of my knowledge and belief, such application is true, correct and complete. I also hereby state that I am authorized to act on behalf of the taxpayer with respect to the PromptTax Withholding Tax Program.

* Authorized signature: _____

* Name of signatory: _____
(please print)

* Title: _____

* Date: _____

Please retain a copy of this application for your records.

Mail this application to:

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

You may also fax the taxpayer's application (see *Need help?*).

Need help?



PromptTax Internet access: www.nystax.gov/prompt



PromptTax fax:

(518) 435-2951



Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

PromptTax Customer Service Center: 1 800 338-0054
From areas outside the U.S. and outside Canada: (518) 485-6800