New York State Department of Taxation and Finance

TR-2000 (2/11)

Tax Information Access and Transaction Authorization Form

This is not a power of attorney. Do not mail this form to the Tax Department.

Part 1 — Taxpayer information *(if married, each spouse must submit a separate form, even if the spouse files a joint return)*

Taxpayer's SSN or EIN	Taxpayer's name *(first name, middle initial, last name, or legal name of business)*

Part 2 — Tax preparer or payroll service provider information, as applicable

Tax preparer's or payroll service provider's firm name *(or individual's name if self-employed)*

Part 3 — Tax matters covered by this authorization *(select at least one)*

The tax preparer or payroll service provider (hereinafter the *tax professional)*, is authorized to receive and access the taxpayer's tax information and perform the following transactions online for the tax matter(s) indicated below:

Business	Individual
All current and future services *(no other entry is required in Part 3 if this box is marked)* .... ☐	**All current and future services** *(no other entry is required in Part 3 if this box is marked)* .... ☐
Billing and late filing ..... ☐	**Billing and late filing** ..... ☐
Respond to department notice ..... ☐	**Respond to department notice** ..... ☐
Change of address ..... ☐	**Change of address** ..... ☐
Annual transaction information ..... ☐	**Manage online payments** ..... ☐
Sales tax ..... ☐	**Tax preparer registration program** ..... ☐
Employment and withholding taxes ..... ☐	**Personal income tax** ..... ☐
Corporation tax ..... ☐	**Estimated income tax** *(Fiduciaries: see instructions.)* ..... ☐
Other taxes ..... ☐	**Metropolitan commuter transportation mobility tax** ☐

Part 4 — Expiration date

If the taxpayer wishes to limit the period of time for which this authorization is effective, enter the expiration date here. This date will be applied to all services selected above. If no date is entered, this authorization for the services selected above will remain in effect until revoked.

Expiration date *(mm-dd-yyyy)*

Part 5 — Signature

I certify that I am the individual named in Part 1 above, or, if the taxpayer named in Part 1 is other than an individual, I certify that I am acting on the taxpayer's behalf in the capacity of a corporate officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary, and that I have the authority to execute this *Tax Information Access and Transaction Authorization Form* on behalf of the taxpayer.

I understand and agree that by signing and providing this form to the tax professional, I am authorizing the tax professional to access the taxpayer's account information online and to receive confidential information from the Tax Department for the tax matters authorized on this document.

In addition, if I have authorized the tax professional to file returns or other documents and/or make payments on the taxpayer's behalf online, I understand and agree that the tax professional's submission of authorized transactions, together with this signed authorization, will serve as the taxpayer's signature for such transactions. I further understand and agree that I must examine the information reported in those transactions and verify that the information submitted is true, correct, and complete. The tax professional has my consent to complete these transactions on the taxpayer's behalf. If the transactions include an authorization for an electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the taxpayer's financial institution account indicated in the transaction, and I authorize that financial institution to debit the entry to the taxpayer's account.

I understand and agree that I can revoke the tax professional's access and authority to receive information and execute taxpayer transactions at any time.

Signature	Date	Self-selected 5-digit PIN

Retention information

The tax professional must retain a copy of this authorization form for the duration of the authorization plus three years.

No revocation of prior tax information authorization(s)

Executing and providing this authorization to the tax professional does not automatically revoke any prior authorizations that have been completed. If the taxpayer wants to revoke a prior authorization, access our Web site at *www.tax.ny.gov* or call us at (518) 485-7884.

The execution of Form TR-2000 does not revoke any power of attorney that is currently in effect for the same tax matters listed in Part 3 above.