



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:
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:
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:

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)			
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:
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.