



DTF-17-R-ATT (4/11)

New York State Department of Taxation and Finance

Schedule of Business Locations For a Consolidated Filer

For office use only

ID# _____

Use this schedule if:

- you marked **Yes** for question 38a on the paper Form DTF-17-R, *Application to Renew Sales Tax Certificate of Authority*; or
- you marked **Yes** when answering *Do you have multiple locations and file one return for these locations?* on the online version of Form DTF-17-R.

Do not use this schedule if you file separate sales tax returns for each location.

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 began 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 began 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 began at this location:
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Street address (number and street)	City	U.S. state/Canadian province	ZIP/Postal code
County	Country	Business phone number ()	Date business began 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 began 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 began 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 began 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
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Street address (number and street)	City	U.S. state/Canadian province	ZIP/Postal code
County	Country	Business phone number ()	Date business began 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 began at this location:

Signature of responsible person – Complete all fields

I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements with the knowledge that willfully providing false or fraudulent information with this document may constitute a felony or other crime under New York State Law, punishable by a substantial fine and possible jail sentence. I also understand that the Tax Department is authorized to investigate the validity of any information entered on this document.




Name	SSN	Date
Signature	Title	Daytime telephone number ()

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

Mail your completed schedule to:

**NYS TAX DEPARTMENT
SALES TAX REGISTRATION UNIT
W A HARRIMAN CAMPUS
ALBANY NY 12227**

Need help?

	Internet access: www.tax.ny.gov (for information, forms, and publications)
	Sales Tax Information Center: (518) 485-2889 To order forms and publications: (518) 457-5431
	Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): (518) 485-5082