




Promptax — Prepaid Sales Tax on Motor Fuel and Diesel Motor Fuel Enrollment Application

 You can **enroll online** (see *Need help?*). If you need help using our Web site, call the New York State Department of Taxation and Finance EFT Helpline at 1 800 251-2000, 24 hours a day, 7 days a week.

You must complete sections I, III, and VI of this application. Section IV must be completed only if you are selecting the *ACH Debit* option. Mandatory participants must enroll within 40 days of the postmark of the official notification letter. **Failure to enroll** within 40 days may result in the imposition of a penalty.

Mark an **X** in the box if you are applying for **voluntary participation** in the Promptax Prepaid Sales Tax on Motor Fuel and Diesel Motor Fuel Program and you are not mandated to participate in the program.

Note: Required fields are indicated by an asterisk (*). Print information in all entry fields.

I. Enrollment data

- * Taxpayer ID: _____
- DBA company name: _____
- * 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 Promptax Prepaid Sales Tax on Motor Fuel and Diesel Motor Fuel Program. This individual will receive material related to Promptax participation, including access code, confidential password, forms, and payment advices. **Do not** designate a paid preparer as a primary contact person. The taxpayer's primary contact person **must** be a member of its organization.

- * Primary contact person: _____
- * Mailing address: _____
- * City: _____
- * State/Province: _____
- * Country: _____
- * ZIP code: _____ - _____
- * Telephone number: () _____
- Fax number: () _____
- Email address: _____

Please indicate a **secondary** contact person.

Secondary contact person: _____

Mailing address: _____

City: _____

State/Province: _____

Country: _____

ZIP code: _____ - _____

Telephone number: () _____

Fax number: () _____

Email address: _____

II. Designation of paid preparer

If the taxpayer wishes to designate a paid preparer to act as its agent for making the required prepaid sales tax on motor fuel and diesel motor fuel payments, complete this section. You **must** also include a signed and notarized Form POA-1, *Power of Attorney*. You may download forms from the Tax Department Web site.

Paid preparer name: _____

Mailing address: _____

City: _____

State/Province: _____

Country: _____

ZIP code: _____ - _____

Telephone number: () _____

Fax number: () _____

Email address: _____

III. Payment option selection

Refer to PrompTax information on our Web site for an explanation of the four available options for filing and remitting prepaid sales tax on motor fuel and diesel motor fuel payments. If the taxpayer uses a paid preparer to file prepaid sales tax on motor fuel and diesel motor fuel on behalf of its company, select the payment method they will use to remit the taxpayer's tax payments.

* You must select **one** of the following options:

- The taxpayer selects the **ACH Debit** payment option. Section IV, *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.

Initial filing date

Mandatory participants

The taxpayer must begin filing and paying through the PrompTax Program beginning with the PrompTax transaction due three business days following September 22. For more PrompTax information, see *Need help?*.

Voluntary participants

If you wish to volunteer in the PrompTax Program, call the PrompTax Customer Service Center (see *Need help?*).

IV. ACH Debit Authorization

If the *ACH Debit* method for electronic payment of prepaid sales tax on motor fuel and diesel motor fuel 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 prepaid sales tax on motor fuel and diesel motor fuel. 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 Tax Department of a change in account information may result in an assessment of penalty and interest.

You may access PrompTax information on our Web site to confirm the effective date and amount of the tax payment made by the debit transaction.

The Tax Department considers the taxpayer 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

V. 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 EFT Helpline at 1 800 251-2000.

VI. Authorized signature

I have examined the information on Form TR-680, *PromptTax — Prepaid Sales Tax on Motor Fuel and Diesel Motor Fuel 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 in the capacity of owner (if the taxpayer is a sole proprietorship), corporate officer, partner (except a limited partner), employee, member or manager of a limited liability company, or fiduciary, and that I have the authority to act on behalf of the taxpayer with respect to the New York State Department of Taxation and Finance PromptTax Program. I also affirm that I understand and agree to abide by the program requirements until such time as the taxpayer is released from the program.

* Authorized signature: _____
* Name of signatory: _____
* Title: _____
* Date: _____

Please retain a copy of this application for your records.

Mail this application to:

**NYS TAX DEPARTMENT
PROMPTAX - PREPAID SALES (FUEL) TAX
PO BOX 4130
BINGHAMTON NY 13902-4130**

Need help?



Visit our Web site at **www.tax.ny.gov**
(for information, forms, and online services)



Telephone assistance

PromptTax Customer Service Center:

(518) 457-2332