



PromptTax — Withholding Tax Enrollment Application



You can **enroll online** (at www.nystax.gov/prompt). If you need help using the Web site, call the New York Department of Taxation EFT Helpline at 1 800 251-2000, 24 hours a day, 7 days a week.

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: Meaghan Black _____
(please print)

Mailing address: 13010 Morris Rd Bldg 1 Ste 410 _____

City: Alpharetta _____

State/Province: Georgia _____

Country: USA _____

ZIP code: 30004 - _____

Telephone number: (678) 533-2999 _____

Fax number: (678) 287-4777 _____

Email address: taxsupport@ovationpayroll.com _____

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.

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

- 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: Ovation Payroll Inc

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
PO BOX 4129
BINGHAMTON NY 13902-4129

Need help?



PromptTax Internet access: www.nystax.gov/prompt



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



PromptTax — Withholding Tax Change of Enrollment Information



You can **update** your enrollment information **online** (at www.nystax.gov/prompt). If you need help using the Web site call the New York Department of Taxation EFT Helpline at 1 800 251-2000, 24 hours a day, 7 days a week.

Complete this form if any of the taxpayer's current PromptTax Withholding Tax enrollment data has changed. Please complete section I, *Taxpayer identification as currently enrolled*, section VIII, *Authorized signature*, and **only** the section(s) related to the enrollment data to be changed.

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

I. Taxpayer identification as currently enrolled

You must complete this section before reporting any changes to the taxpayer's PromptTax Withholding Tax enrollment data. You may **not** use this form to report a change in identification number, business name, or business address. If you wish to change the taxpayer identification number, name, and/or address, you must complete and return DTF-95, Business Tax Account Update.

* Taxpayer ID: _____

DBA company name: _____
(please print)

* Legal company name: _____

Mailing address: _____

City: _____

State/Province: _____

Country: _____

ZIP code: _____ - _____

II. Change of primary contact information

Please indicate below any change to information concerning the taxpayer's **primary** contact person with whom we should communicate regarding the PromptTax Withholding Tax Program. This individual will receive all material related to PromptTax Withholding Tax 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 contact **must** be a member of its organization. Complete **only** the fields requiring change.

Primary contact person: _____
(please print)

Mailing address: _____

City: _____

State/Province: _____

Country: _____

ZIP code: _____ - _____

Telephone number: () _____

Fax number: () _____

Email address: _____

III. Change of secondary contact information

If you wish to change any data regarding a **secondary** contact, do so in the space provided below.

Secondary contact person: Meaghan Black
(please print)

Mailing address: 13010 Morris Rd Bldg 1 Ste 410

City: Alpharetta

State/Province: Georgia

Country: USA

ZIP code: 30004 -

Telephone number: (678) 533-2999

Fax number: (678) 287-4777

Email address: taxsupport@ovationpayroll.com

IV. Change of payment option selection

Complete this section **only** if the taxpayer wishes to change its payment option. If the taxpayer uses a payroll service vendor to file withholding tax returns and make withholding tax payments, select the payment option that the payroll service vendor will use to remit the taxpayer's payments.

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

V. ACH Debit Authorization

Complete this section **only** if the taxpayer is changing its payment option to *ACH Debit* from any other payment option or if the routing transit number and/or account number to be debited has changed.

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 taxes. Amounts to be debited shall correspond to information supplied by the taxpayer in its electronic filing for the applicable period.

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.

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.

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

VI. Authorization for release of confidential information

- On behalf of the taxpayer, I authorize the 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: Ovation Payroll Inc _____

- On behalf of the taxpayer, I no longer wish to authorize the release of the taxpayer's confidential tax information to a payroll service vendor.

VII. Effective date

Indicate the date the taxpayer wishes these changes to be effective: / /
mm dd yyyy

VIII. Authorized signature

I am empowered to make the commitments stated herein on behalf of the taxpayer.

- * Authorized signature: _____
- * Name of signatory: _____
(please print)
- * Title: _____
- * Date: _____

Please retain a photocopy of this form for your records.

Mail this form to:

NYS TAX DEPARTMENT
PO BOX 4129
BINGHAMTON NY 13902-4129

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