



Application for Release of Safe Deposit Box

For estates of decedents dying before February 1, 2000

Decedent information

Decedent's last name	First	Middle Initial	Social security number	
Address of decedent at time of death (<i>number and street</i>)			Date of death	Attach a copy of the death certificate
City, village or post office	State	ZIP code	County of residence	

On the date of death, decedent was a: Resident of New York State Nonresident of New York State

Applicant information

Name of applicant (<i>last, first, middle initial</i>)	Relationship to decedent
Address of applicant	
City, village or post office	State ZIP code
Social security number of applicant	Telephone number ()

Bank information

Name and address of bank where safe deposit box is located	Safe deposit box number(s)
	If the box was held jointly in the name of the decedent and another, or a deputy was named, check the appropriate box and enter the name of the other joint tenant or the deputy.
	<input type="checkbox"/> Joint tenant <input type="checkbox"/> Deputy
	Name

Sign below

Signature of applicant	Date
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Instructions

Note: Estates of individuals dying on or after February 1, 2000, are not required to obtain a release of the safe deposit box from the Tax Department.

This form may be filed by an executor, administrator, joint tenant, deputy, the attorney for the estate, the decedent's next of kin, or any person having an interest in the estate who has knowledge of the decedent's assets.

Since other laws may apply to the release of safe deposit boxes, check with your bank or safe deposit company for any additional requirements.

The term executor includes executor, executrix, administrator, administratrix, or personal representative of the decedent's estate. If no executor, executrix, administrator, administratrix, or personal representative is appointed, qualified, and acting within the United States, any person acting in the capacity of executor (by virtue of the fact that that person is in actual or constructive possession of any property of the decedent) may apply for the release of the safe deposit box.

Mail the completed application form to:

NYS TAX DEPARTMENT
TTTB - ESTATE TAX AUDIT - 855
W A HARRIMAN CAMPUS
ALBANY NY 12227

Privacy notification

The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Articles 22, 26, 26-A, 26-B, 30, 30-A, and 30-B of the Tax Law; Article 2-E of the General City Law; and 42 USC 405(c)(2)(C)(i).

The Tax Department will use this information primarily to determine and administer tax liabilities due the state and city of New York and the city of Yonkers. We will also use this information for certain tax offset and exchange of tax information programs authorized by law, and for any other purpose authorized by law.

Information concerning quarterly wages paid to employees and identified by unique random identifying code numbers to preserve the privacy of the employees' names and social security numbers will be provided to certain state agencies for research purposes to evaluate the effectiveness of certain employment and training programs.

Failure to provide the required information may result in civil or criminal penalties, or both, under the Tax Law.

This information will be maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8 Room 924, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the U.S. and outside Canada, call (518) 485-6800.