



# Promptax Withholding Tax Statement of Exemption from Mandatory Participation

Taxpayer ID number: \_\_\_\_\_

Taxpayer name: \_\_\_\_\_

Taxpayer address: \_\_\_\_\_

\_\_\_\_\_

Primary contact name: \_\_\_\_\_

Primary contact phone number: \_\_\_\_\_ Primary contact fax number: \_\_\_\_\_

Department records indicate that you may be required to participate in the Promptax Withholding Tax Program. Review the exemption criteria listed below. If you qualify for either of the exemptions, you **must** complete this form to establish that you are not required to participate.

If you are not mandated by law to participate and wish to participate voluntarily in the program, you may apply to do so by checking the appropriate box on Form TR-370, *Promptax Withholding Tax Registration Application*, or the online application (at [www.nystax.gov/prompt](http://www.nystax.gov/prompt)).

Check the box next to each exemption criteria that applies to you:

- Health Care Providers that are organizations described in Article 28 or 36 of the Public Health Law or in Article 16 or 31 of the Mental Hygiene Law are exempt from participation in the program. You must attach a copy of the operating certificate issued by the Department of Health.
- The aggregate tax withheld on Form NYS-45, *Quarterly Combined Withholding, Wage Reporting and Unemployment Insurance Return*, for all four quarters of the tax year immediately prior to the year for which you are requesting exemption, is less than \$100,000. You must attach copies of Form NYS-45 for all four quarters related to the tax year immediately prior to the year for which you are requesting exemption.

You will receive notification granting or denying your exemption request within 14 calendar days.

This form requires a **notarization**.

Signature of chief fiscal officer: \_\_\_\_\_

Name of signatory: \_\_\_\_\_

*(please print)*

Date: \_\_\_\_\_

Signature of notary public	Date
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Notary public: affix stamp (or other indication of notary's authority).

**Please retain a photocopy of this form for your records.**