



DTF-17-ATT

(4/07)

New York State Department of Taxation and Finance

Schedule of Business Locations For a Consolidated Filer

For Department Use Only

ID _____

Only those applicants who checked box 11B on Form DTF-17, *Application to Register for a Sales Tax Certificate of Authority*, must fill out this form. This schedule must be completed by applicants who will be operating more than one business location, but filing only one sales tax return for all locations. List each location. To list more locations, photocopy this schedule as needed.

Legal name as entered on Form DTF-17	Employer identification number
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Business/DBA name			
Street address	City	State	ZIP
County	Business phone number ()	Date business will begin at this location	
Business/DBA name			
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