



PromptTax — Sales and Compensating Use Tax Change of Enrollment Information

 You can **update** your enrollment information **online** at www.nystax.gov/prompt. 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.

Complete this form if any of the taxpayer's current PromptTax sales 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 (*). Print information in all entry fields

I. Taxpayer identification as currently enrolled

You must complete this section before reporting any changes to the taxpayer's PromptTax sales tax electronic funds transfer (EFT) 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 Form DTF-95, *Business Tax Account Update*.

- * Taxpayer ID: _____
- DBA company name: _____
- * 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 Sales Tax EFT Program. This individual will receive material related to PromptTax 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 **must** be a member of its organization. Complete **only** the fields requiring change.

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

III. Change of secondary contact information

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

Secondary contact person: _____

Mailing address: _____

City: _____

State/Province: _____

Country: _____

ZIP code: _____ - _____

Telephone number: () _____

Fax number: () _____

Email address: _____

IV. Designation or change of paid preparer as agent

If the taxpayer wishes to designate or change a paid preparer to act as its agent for making the required sales and compensating use tax 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 at www.nystax.gov.

Paid preparer name: _____

Mailing address: _____

City: _____

State/Province: _____

Country: _____

ZIP code: _____ - _____

Telephone number: () _____

Fax number: () _____

Email address: _____

V. Change of payment option selection

Complete this section **only** if the taxpayer wishes to change its payment option.

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

VI. 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 sales and compensating use 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 Tax Department of a change in account information may result in an assessment of penalty and interest.

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.

You may access PromptTax information on our Web site at www.nystax.gov/prompt to confirm the effective date and amount of the tax payment made by the debit transaction.

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

VII. Effective date

Enter 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: _____
- * Title: _____
- * Date: _____

Please retain a copy of this form for your records.

Mail this form to:

**NYS TAX DEPARTMENT
PROMPTAX - SALES TAX
PO BOX 4130
BINGHAMTON NY 13092-4130**

Need help?



Promptax 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.

Promptax Customer Service Center: (518) 457-2332
In-state callers without free long distance: 1 800 338-0054