



Office of Processing and Taxpayer Services
W A Harriman Campus, Albany NY 12227-0852

Send this statement to us by fax to: 518-435-2995

Affidavit for Surrender of Authority for Foreign Corporations

Legal name of corporation: \_\_\_\_\_

Employer identification number (EIN): \_\_\_\_\_

I, \_\_\_\_\_ (print name), being duly sworn, hereby depose and say:

1. I am the \_\_\_\_\_ (title, must be an officer or legal representative) of \_\_\_\_\_ (legal name of corporation)

2. The corporation requests to surrender its authority to do business in New York State as of \_\_\_\_\_ (today's date, mm-dd-yy)

3. The corporation was not subject to tax under Article 9 or Article 9-A, and therefore did not file New York State tax returns or reports for the following periods that began on or after January 1, 2015 (attach additional sheets if necessary):

Table with 2 columns: Tax period beginning date (mm-dd-yy), Tax period ending date (mm-dd-yy). Multiple empty rows for data entry.

4. I acknowledge that surrendering this corporation's authority does not end its obligation to pay taxes if it is subject to tax or becomes subject to tax in New York State.

5. I acknowledge that this affidavit does not start the period of limitation within which franchise tax may be assessed.

6. I acknowledge that this corporation must satisfy all open tax periods prior to consent being issued.

(Certification on page 2)

7. I certify that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

**Notary acknowledgement**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

Notary stamp

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