

## **Tax Shelter Reportable Transactions**

**DTF-686** 

All filers must enter tax period:

Attachment to New York State Return

Tax Law - Article 1, Section 25(a)(1)

/								
begi	beginning		ending					
Name(s) as shown on your return	Taxpayer identification number shown on page 1 of your tax return							
Spouse's name (for personal income tax, if applicable)	Spou	Spouse's identification number ( <i>if applicable</i> )						
Mailing address								
City, village, town, or post office	S	state	ZIP cod	e				
Taxpayer's e-mail address								

File this form with your business tax return, your amended business tax return, your personal income tax return, or your amended personal income tax return.

1 Identify the type of federal reportable transactions. Mark an X in the box(es) that apply (see instructions, Form DTF-686-I).

	A. • Listed transaction	D. • Loss transaction
	B. • Confidential transaction	E. • Transaction with brief assets holding period
	C. • Transaction with contractual protection	F. • Transaction of interest
2	Enter the total number of IRS Form(s) 8886 that are attached to th	is form
3	Enter in the box(es) below the applicable code(s) for each federal l	isted transaction being reported (see instructions).
•	· · · · · · · · · · ·	• • • • •
4	Identify the type of New York reportable transactions. Mark an $\pmb{X}$ ir	the box(es) that apply (see instructions).
	A. • New York listed transaction	
	B. • New York confidential transaction	
	C. • New York transaction with contractual protection	
5	Enter the total number of New York Form(s) DTF-686-ATT that are	attached to this form

## Waiver of the secrecy provisions of the Tax Law for purposes of a consolidated disclosure (see instructions)

As an authorized officer of the above named corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law, Article 9, section 202; Article 9-A, section 211.8; Article 32, section 1467; and Article 33, section 1518 as such provisions relate to the disclosure requirements of Tax Law section 25.

Authorized	Printed name of authorized officer	Signature of authorized officer		Official title		
	E-mail address of authorized officer		Telephone n ( )	umber	Date	

