

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)

	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)	Spo	ouse's identification number (if applicable)				
Mailing address (number and street or PO Box)						
City, village, town, or post office	S	State	ZIP code	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. 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 listed transaction being reported (see instructions).					
•	• • • • • • • •	• • • • •				
4	Identify the type of New York reportable transactions. Mark an X in 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; and Article 33, section 1518 as such provisions relate to the disclosure requirements of Tax Law section 25.

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