



Instructions for Form CG-100-P

Personal Questionnaire

Tax Law — Article 20

Who must file this form

A separate *Personal Questionnaire* is required for each controlling person of an applicant for license as a cigarette agent, a cigarette wholesaler, a tobacco products wholesaler, or for appointment as a tobacco products distributor.

For purposes of this form, the term *controlling person* means any person who is an officer, director, or partner (or, in the case of a limited liability company, an officer, member, or a person having, with respect to such limited liability company, authority analogous to that of a corporate officer or director) of an applicant for an agent or wholesale dealer license under Article 20 of the Tax Law; or, if the applicant is a corporation, a shareholder who directly or indirectly owns more than 10% of the number of shares of voting stock of the corporation. It also includes persons who do or will exercise authority within the business comparable to the authority normally exercised by corporate officers, regardless of the form of business organization or lack of actual title.

You may submit *Personal Questionnaires* separately from the application for registration if the controlling person desires confidentiality.

Read the instructions carefully. We cannot process your application for license until you submit all of the required attachments.

If you need more space for any item, attach additional pages, clearly indicating the question to which the answer applies.

Item 1 — Enter the exact legal name and federal employer identification number (FEIN) as listed on the application for license.

Item 2 — Enter your name, social security number, date of birth, telephone number, street address of current residence (PO box is not acceptable), and number of years at that address.

Item 3 — List all other addresses where you have lived during the past 10 years.

Item 4(a) — Enter your title(s), if any, with the applicant listed in item 1.

Item 4(c) — Check all boxes that identify your business activities.

List any other duties that you have regarding your participation in significant business decisions, such as:

- supervising the preparation of tax returns and insuring remittance of tax;
- authority for management of business;
- knowledge and control over financial affairs;
- authority to pay or direct payment of creditors;
- responsibility for maintaining/managing business records;
- authority to deal with the business' tax accountant or tax counsel;

- authority to negotiate with the Tax Department or to sign any of the following: tax returns, consents extending periods of limitation, power of attorney, audit method election agreements, consents fixing tax (for example, *Statement of Proposed Audit Adjustment*), and installment payment agreements;
- responsibility for handling business receipts;
- authority to negotiate loans, borrow money for business, or guarantee business loans;
- authority to hire or fire employees.

Item 5 — List any aliases or names (including maiden name) used or formerly used by the person listed in item 2.

Item 6 — Provide all required information for the person listed in item 2.

Item 7 — List name, address, telephone number, and social security number of spouse, if married or separated.

Item 8 — Complete all required information regarding your present and previous employment for the past 10 years.

Item 9 — If you plan to take an active role in the operation of the applicant listed in item 1, provide a schedule of the hours that will be devoted to the operation of the business.

Item 10 — If Yes, complete all of the required boxes for each entity.

Item 11 — Are you, or have you been, an owner of 10% or more of the voting stock of **any** corporation; or an officer, director, or partner of **any** business **other than** the one for which you are applying? If Yes, complete all of the required boxes for each entity.

Item 12 — If Yes, provide the name and address of applicant, date of filing, and disposition. If the application was refused, suspended, or revoked, provide a complete description of the events surrounding the refusal, suspension, revocation, or cancellation.

Item 13 — Check Yes only if you filed **both** a New York State and federal personal income tax return for each of the past five years. If you check *No*, enclose a copy of your federal return for any year that you did not file a New York State return. If you were not required to file either a New York State or a federal personal income tax return, enclose an explanation of the reason that no return was due and how you supported yourself for the years you were not required to file.

Item 15 — Include crimes committed in New York State and other states or countries. You may exclude traffic violations of the vehicle and traffic laws.

Item 16 — Include crimes pending in New York State and other states or countries. You may exclude traffic violations of the vehicle and traffic laws.

Item 17 — If Yes, provide details including: type of bankruptcy (Chapter 7, 11, 13, etc.), filing date, disposition (approved, dismissed, etc.), disposition date, and jurisdiction.

Item 18 — Answer both (a) and (b) regarding your spouse (if applicable). If you answered Yes to either (a) or (b), your spouse must complete a separate personal questionnaire.

Item 19 — Provide a listing of any assets that you have contributed or will be contributing to this business. List all items at current fair market value.

Required attachments:

- Proof of U.S. citizenship or eligibility to obtain employment in the United States. The proof must consist of original or certified copies of birth certificate, permanent resident's visa (green card), or valid work visa.
- Photocopy of a driver's license or non-driver government issued ID.
- Two identical, natural color photographs of yourself taken within 30 days of filing this application. The photos must have a white background, be unmounted, printed on thin paper, and in addition, they must be glossy and not retouched. The photos should show a three-quarter frontal profile showing the right side of your face, with your right ear visible and with your head bare (unless you are wearing a headdress as required by a religious order of which you are a member). The photos should be no smaller than 2 x 2 inches, with the distance from the top of the head to just below the chin about 1¼ inches. Lightly print your social security number on the back of each photo with a pencil.
- Fingerprinting completed at an authorized location. You may find authorized locations and schedule appointments by going online to www.L1enrollment.com or by calling toll free, 1-877-472-6915. The fingerprinting search fee is \$75.00. The L-1 vendor fee is \$11.75 as of January 1, 2010. This fee is subject to change. You can make payments by check, money order, credit card, or an L-1 escrow account.

You will be required to provide the following when enrolling on the web site:

ORI number - **NY0017200**

Fingerprint reason - **Licensing**

At the fingerprint location, they will give you two receipts indicating your name, fingerprint site location, date and time, fee paid, and reason for fingerprinting.

NOTE: You must submit one receipt with your application for licensing as a cigarette agent or agent/wholesaler, distributor of tobacco products, or a wholesale dealer of tobacco products.

We cannot process your application for a license until you submit all required attachments.

Need help?



Visit our Web site at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features



Telephone assistance

Business Tax Information Center: (518) 457-5342

To order forms and publications: (518) 457-5431



Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): If you have access to a TTY, contact us at (518) 485-5082. If you do not own a TTY, check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.