

Department of Taxation and Finance Report of Show



Reporting period			Sh	ow permit	number
Month: Year:			SP		
Read Form DTF-727-I, Instructions for Form DTF-72	27, Report of Show,	before completing this for	m.		
Part A – Promoter information					
Legal name	DBA				
Physical address					
City				State	ZIP code
Mailing address					1
City				State	ZIP code
Did you operate this show with another promoter? (If Yes, complete)	ete Part B, below. If <i>No</i> , g	go to Part C)		Yes	s No
Part B – Co-promoter information					
Legal name	DBA		Show permit num	ber	
Physical address					
City				State	ZIP code
Mailing address				,	
City				State	ZIP code
Part C – Show information					
Name of show		Date(s) of show	N	umber of vend	lors
Location of show - name of facility - number and street					
City	County			State	ZIP code
Name of promoter responsible for supplying vendor information or	n Part D, below		Telephone	e number (incl	uding area code)
Mark an X in the box if show was not held			,		
Reason show was not held:					
Signature			D	ate	

Part D – Vendor information

	Legal name of vendor and DBA if applicable	Physical address		
Legal name		Mailing address		
DBA		NYS Certificate of Authority identification number	Amount of rent paid	
	Legal name of vendor and DBA if applicable	Physical address	<u> </u>	
Legal name		Mailing address		
DBA		NYS Certificate of Authority identification number	Amount of rent paid	
	Legal name of vendor and DBA if applicable	Physical address		
Legal name		Mailing address		
DBA		NYS Certificate of Authority identification number	Amount of rent paid	
	Legal name of vendor and DBA if applicable	Physical address		
Legal name	- P.B	Mailing address		
DBA		NYS Certificate of Authority identification number	Amount of rent paid	
	Legal name of vendor and DBA if applicable	Physical address	<u>'</u>	
Legal name		Mailing address		
DBA		NYS Certificate of Authority identification number	Amount of rent paid	
	Legal name of vendor and DBA if applicable	Physical address	<u>'</u>	
Legal name		Mailing address		
DBA		NYS Certificate of Authority identification number	Amount of rent paid	
	Legal name of vendor and DBA if applicable	Physical address	<u> </u>	
Legal name		Mailing address		
DBA		NYS Certificate of Authority identification number	Amount of rent paid	
	Legal name of vendor and DBA if applicable	Physical address	I .	
Legal name	I P. STATE	Mailing address		
DBA		NYS Certificate of Authority identification number	Amount of rent paid	
	Legal name of vendor and DBA if applicable	Physical address	I	
Legal name	••	Mailing address		
DBA		NYS Certificate of Authority identification number	Amount of rent paid	
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