



Application for an Exempt Organization Certificate - Information Authorization

This Information Authorization is valid only for appointing a representative to receive oral or written communications in conjunction with the review of your organization's application for an *Exempt Organization Certificate* by the Sales Tax Exempt Organizations Unit. It may not be used to protest the denial of an application for an *Exempt Organization Certificate* or to request a hearing before the Division of Tax Appeals on such a denial since your appointed representative may not be a qualified representative for these purposes. Your organization must use Form POA-1, *Power of Attorney*, in these instances.

Type or print.

Organization	Approved representative
Organization's name	Representative's name
Mailing address (number and street or PO Box)	Mailing address (number and street or PO Box)
City and state	City and state
ZIP code	ZIP code
State the relationship of the appointed representative to your organization	Telephone number
	() Email address

The organization named above appoints the person named above as its representative for the sole purpose of receiving all oral and written communications and documents in connection with the organization's application for exemption from sales and use taxes under Tax Law section 1116(a).

By signing below, I certify, under penalty of perjury, that I am the officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary acting on behalf of the organization listed above, and that I have the authority to execute this *Application for an Exempt Organization Certificate – Information Authorization*.

Officer or trustee

Printed name	Title	Telephone number ()
Signature		Date

Mail your completed application to:

**NYS TAX DEPARTMENT
SALES TAX EXEMPT ORGANIZATIONS SECTION
W A HARRIMAN CAMPUS
ALBANY, NY 12227-9154**

If not using U.S. Mail, see Publication 55, *Designated Private Delivery Services*.