



Department of Taxation and Finance

Nonresident Audit Questionnaire

AU-262.3
(7/20)

0612000000500-AD00

Taxpayer name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Audit period 12/31/9999 - 12/31/9999	
Spouse's name (if filed jointly) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Audit case number X-999999999	
Taxpayer cell phone number (including area code)		Spouse's cell phone number (including area code)	
Taxpayer work cell phone number (including area code)		Spouse's work cell phone number (including area code)	

General operations

1. What was the last year you filed a New York State resident income tax return? _____
2. If you were at any time a domiciliary of New York State, what did you do to change your status from a resident to a nonresident? Include detailed information relative to your intentions. Attach additional sheets if necessary.
- _____
- _____
- _____
- _____
- _____

3. For the audit period indicated above, list your employer's name and address (primary work location if different than your employer's address), or if self-employed, the name and address where you carry on your business, trade, profession, or occupation. Attach additional sheets if more than one employer.

Employer name		Employer identification number (EIN)	
Address (number and street)	City	State	ZIP code

4. Were you associated with any other business activities conducted in New York State (for example, partnerships, LLCs, S corps, and so on) during the audit period indicated above? Yes ☐ No ☐

If Yes, enter the information below. Attach additional sheets if necessary.

Company name		Employer identification number (EIN)	
Address (number and street)	City	State	ZIP code
Nature of business activities performed for the company			

Continued on next page

5. For the audit period indicated, did you maintain living quarters in New York State (owned or rented) or otherwise have living quarters provided for you by another individual or your employer? Yes ☐ No ☐

If Yes, enter the following information about the living quarters:

Address (number and street)		City	State	ZIP code
Telephone number	Dates you maintained such living quarters			

6. If you answered Yes to question 5, mark an **X** in any of the following that applied to your living quarters:

Rent controlled..... ☐ STAR exemption ☐
Rent stabilized ☐ Manhattan parking exemption ☐

7. If you gave up, or are no longer using these living quarters, on what date did this occur? _____

8. Did you have use of a property in New York State that was owned, or leased, by a business entity? Yes ☐ No ☐

If Yes, provide address: _____

9. If you do not maintain living quarters in New York State, where do you regularly stay while in New York State?

10. For each year of the audit period indicated, how many days or part days were you physically present in New York State for work purposes?

11. For each year of the audit period indicated, how many days or part days were you physically present in New York State on nonworking days (such as weekends, vacations, holidays, illness, and so on) during each year?

12. Use this space to provide any additional information:

Your signature	Date	Date of birth
Spouse's signature (if filed jointly)	Date	Date of birth