



**New York State Department of Taxation and Finance**

Audit Division-Income/Franchise Desk-AG15  
W A Harriman State Campus  
Albany NY 12227-0001

DOCUMENT NUMBER: 22223

DATE: 12/27/05

ASSESSMENT ID: [REDACTED]

**STATEMENT OF PROPOSED AUDIT CHANGES**

TOTAL AMOUNT DUE: \$9,198.17

PAYMENT DUE DATE: 01/17/06

[REDACTED] EDWARD L  
[REDACTED] MARY  
[REDACTED]  
SCHENECTADY, NY [REDACTED]

TAXPAYER ID: [REDACTED]

SPOUSE ID: [REDACTED]

TAX TYPE: Personal Income

TAX ARTICLE: 22

AUDIT ID: [REDACTED]

FUNCTION CODE: CNW

TAXPAYER'S COMPLETE LEGAL NAME

[REDACTED] EDWARD L

EXPLANATION AND INSTRUCTIONS

Based on an audit, an additional amount is due for the Tax Type indicated above. Please refer to the COMPUTATION SECTION and/or COMPUTATION SUMMARY SECTION for the tax period(s) affected, the reason(s) for the additional amount due and a computation of the balance due.

YOU MUST complete the enclosed Payment Document whether you AGREE or DISAGREE with this STATEMENT OF PROPOSED AUDIT CHANGES.

IF YOU AGREE with the amount due, sign the Consent To Findings Section and complete the Payment Application Section. If you cannot send the total amount due, a partial payment will reduce the basis on which additional penalty and/or interest is computed. You will receive a bill for the remaining balance due.

IF YOU AGREE with some of the adjustments, a partial payment will reduce the basis on which additional penalty and/or interest is computed. Complete the Payment Application Section for the amount you agree is due. Complete the Disagreement With Findings Section for the amount you disagree with. Attach a written explanation stating your reason(s) for disagreement. We will review your explanation and advise you of our findings.

IF YOU DISAGREE with the amount due, complete the Disagreement With Findings Section and attach a written explanation stating your reason(s) for disagreement. We will review your explanation and advise you of our findings.

Refer to the Instructions on the Payment Document for returning that form.

Interest and any applicable penalty(s) will continue to be added to the total amount due unless full payment is made by the payment due date.

If we do not receive a response to this notice by 01/26/06:

Collection proceedings for the amount shown due will be commenced by issuing a NOTICE OF DEFICIENCY.

(CONTINUED ON BACK)

ASSESSMENT ID: [REDACTED]

TAXPAYER ID: [REDACTED]  
[REDACTED]COMPUTATION SECTION (continued)

RETURN LINE NUMBER AND DESCRIPTION	PREVIOUS AMOUNT	ADJUSTMENT AMOUNT	CORRECTED AMOUNT
001 WAGES, SALARIES, TIPS, ETC	0.00	112,732.00	112,732.00
002 TAXABLE INTEREST INCOME	0.00	19.00	19.00
018 FEDERAL ADJUSTED GROSS INCOME	0.00	112,751.00	112,751.00
032 NEW YORK ADJUSTED GROSS INCOME	0.00	112,751.00	112,751.00
034 NEW YORK DEDUCTION	14,200.00	0.00	14,200.00
036 DEPENDENT EXEMPTIONS	5,000.00	0.00	5,000.00
037 NEW YORK TAXABLE INCOME	-19,200.00	112,751.00	93,551.00
038 NEW YORK STATE TAX	0.00	5,816.71	5,816.71
044 TOTAL NEW YORK STATE TAX	0.00	5,816.71	5,816.71

	NY STATE	(+) NYC	(+) YONKERS	(=) TOTAL
REVISED TOTAL TAX	5,816.71			
TAX PREVIOUSLY STATED	(-) 0.00			
NET TAX DUE	(=) 5,816.71			5,816.71

COMPUTATION SUMMARY SECTION

Tax Period Ended	Tax Amount Assessed	(+) Interest Amount Assessed	(+) Penalty Amount Assessed	(-) Assessment Payments/ Credits	(=) Current Balance Due
12-31-02	5,816.71	1,090.99	2,290.47	0.00	9,198.17
TOTALS	5,816.71	1,090.99	2,290.47	0.00	9,198.17

New York State Department of Taxation and Finance

Payment Document

If name or address shown is incorrect or has changed, enter correct information and return this entire payment document.

EDWARD L. SCHENECTADY, NY

INSTRUCTIONS

- If you AGREE with the amount due, complete the Consent To Findings Section.
- If you DISAGREE with the amount due, complete the Disagreement With Findings Section.
- To PAY any portion of the amount due, complete the Payment Application Section.

CONSENT TO FINDINGS SECTION - Check the box and sign below.

I AGREE with the amount due and understand that by such agreement, the restrictions provided in Section 681(C) of the Tax Law are waived...

SIGN HERE

Taxpayer's Signature Date Spouse's Signature

BOTH TAXPAYERS MUST SIGN

DISAGREEMENT WITH FINDINGS SECTION - Check the box and sign below.

NOTE: Disagreement with this notice does not stop the addition of interest and any applicable penalties which will continue to be added to the total amount due unless full payment is made by the payment due date.

I DISAGREE with the amount due. I am attaching a written explanation stating my reason(s) for disagreement. If additional information is needed, I can be reached at the following telephone number during normal business hours: ( )

SIGN HERE

Taxpayer's Signature Date Spouse's Signature (Both taxpayers must sign)

DTF-968 (6/05)

Payment Application Section - Check the box and enter the payment amount enclosed in the space provided. Refer to the INSTRUCTIONS above for returning this form.

Payment for Assessment ID: [redacted]

Make your check or money order payable to the Commissioner of Taxation and Finance. Include your Assessment ID number on your payment.

If you prefer to pay by credit card or electronic funds withdrawal, please visit our Web site at www.nystax.gov and click on Electronic Services, or call 1 800 835-3554.

Enter amount enclosed \$

Make sure this address shows through envelope window.



NYS ASSESSMENT RECEIVABLES P O BOX 4127 BINGHAMTON NY 13902-4127

For office use only Form track number Amount received Payment effect/rec'd dates

DTF-968 (6/05)

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