

If paying by mail*, send to: NYS ASSESSMENT RECEIVABLES
PO BOX 4127
BINGHAMTON NY 13902-4127

Pay by November 9, 2020

Taxpayer name	Taxpayer ID	Assessment ID	Current balance due	Amount paid
VICKI CLAIREAUX SIMON ESTATE	XX-XXX6649	L-052205541-5	\$ 110.25	\$
Form				\$
Track	●			\$
Number				\$
Amount				\$
received	●			\$
Payment				\$
Effect/Rec'd				\$
Dates	●			
Total amount paid ➔				\$ 110.25

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

- Make check or money order payable in U.S. funds to **Commissioner of Taxation and Finance**.
- Include the Assessment ID on your payment.
- You can use this coupon to pay any other assessments.
- Be sure to write in the Assessment ID of these other assessments.
- If you agree with the amount, sign the consent on the back.

L0522055415

0000000011025

CLAUDE ANTHONY CLAIREAUX SIMON ADMIN EST. VICKI CLAIREAUX SIMON 71 TONJES RD. CALICOON, NY 12723		50-1291/219	102
		DATE <u>10-26-20</u>	
PAY TO THE ORDER OF <u>Commissioner of Taxation & Finance</u> \$ <u>110 25/xx</u> <u>one hundred ten and 25/xx</u> DOLLARS <input checked="" type="checkbox"/>			
<small>© DELUXE DATA SYSTEMS INC. SLEAFY FAXER</small>			
TD Ameritrade Payable through: TD Bank USA, N.A. Member FDIC		<small>Security Features Included Details on Back</small>	
MEMO	<u>L-052205541-5</u>  <u>10219129150 74072442301P 0102</u>		

Consent to amount due

I agree with the proposed audit changes and agree to pay the amount due. I also agree to the following:

- I waive my right to receive, and formally protest in the Bureau of Conciliation and Mediation Services or the Division of Tax Appeals, a *Notice of Deficiency* or *Notice of Determination* related to the amount due.
- The tax, interest, and any applicable penalties will become assessed and subject to collection actions.
- I understand that I have the right to file a timely claim for a refund or credit of the amount paid. Most claims must be filed within two years of the payment.
- I understand that within the time provided by law, if the Tax Department identifies other issues, it may determine that I owe additional tax for this same filing period.

Claude Simon
Signature of taxpayer or responsible person
Administrator
Title

10-26-2020

Date

2126839300

Daytime phone

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SAFETY PAPER

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PAY TO THE ORDER OF <u>Commissioner of Taxation & Finance</u>		DATE <u>10-26-20</u>	
<u>one hundred ten and 25/100</u>		DOLLARS <u>110 25/100</u>	<small>Security Features Included Details on Back.</small>
TD Ameritrade		<small>MP</small>	
Payable through: TD Bank USA, N.A. Member FDIC			
MEMO <u>L-052205541-5</u>		<u>Claude Simon</u>	
10219129151 74072442301P 0102			