



THE CITY OF NEW YORK
DEPARTMENT OF FINANCE
PAYMENTS, BILLING AND REFUNDS

REQUEST FOR PROPOSAL (RFP)
BUSINESS AND EXCISE TAX LOCKBOX SERVICES
PROCUREMENT IDENTIFICATION NUMBER (E-PIN): 83625P0003

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SECTION I. INTRODUCTION

A. Proposing Through PASSPort

Please note that this solicitation is being released using New York City's digital Procurement and Sourcing Solutions Portal (PASSPort). All Request for Proposal documents for your review will be accessible through PASSPort.

Please review all the documents in the Documents section of the RFx in PASSPort.

All responses, including but not limited to the Technical Proposal (Questionnaire) must be submitted through the PASSPort System.

For more information regarding instructions on how to respond to a solicitation, please see Attachment A.

SECTION II. SUMMARY OF THE REQUEST FOR PROPOSAL

A. Purpose of RFP

The New York City Department of Finance ("Agency" or "DOF" or "Department") is seeking a qualified contractor ("Contractor") to provide retail and wholesale lockbox services to process check payments for Business and Excise Taxes. Payments in the form of checks or money orders are received from corporations, banks, organizations, individuals, or partnerships that have a remittance due from a filed return, received a notice from the Agency requesting payment, or are filing a one-page business or excise tax return. The majority of check payments will include a coupon detached from a notice or voucher that will have an Optical Character Recognition (OCR) scan line that is to be used to apply the payment to the taxpayer's business or excise tax account. Payments are also received with a full-page tax form or without a coupon.

B. Anticipated Contract Term

It is anticipated that the term of contract(s) awarded from this RFP will be for six (6) years. Agency, at its sole discretion, may request up to two (2), two (2) year options to renew. DOF reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.

C. Anticipated Payment Structure

The payment structure of the contract awarded by this RFP will be based on line-item budget reimbursement. The Agency reserves the right to select any payment structure that is in the City's best interest.

SECTION III. SCOPE OF WORK AND CONTRACT CONDITIONS

A. Scope of Services

1. Agency's Goals and Objectives for this RFP

The City's objectives in issuing this RFP are to:

- a) Identify a highly competent, experienced firm that can expertly process mailed checks and accompanying coupon or tax form for the Agency's monthly Business and Excise Tax collections.
- b) Accelerate deposits and cash receipts by minimizing mail processing times.
- c) Process eligible checks by Accounts Receivable Conversion (ARC) and/or by substitute check via an Image Cash Letter (ICL).
- d) Maximize the efficient application of payments and associated data to the Department of Finance maintained database known as the Business Tax Collection System (BTCS).
- e) Reduce the number of payments that require manual research or result in unapplied cash.

- f) Provide ready access to transaction history.
- g) Simplify, without reducing customer service, the Agency's ability to receive and respond to citizen communications/correspondence received through the lockbox.
- h) Minimize costs to the Agency by the greatest amount possible without sacrificing excellent, timely and accurate operations and service.

2. Background

The Agency expects to collect approximately \$1.68 billion in paper checks annually for payment of business and excise tax-related charges. More than 93,000 individual payments are expected to be collected per year with approximately 93,000 coupons or returns submitted annually with payment. The approximated distribution of transactions and dollars during a City of New York fiscal year is in Table 1 below.

Table 1:

Month	Coupons w/Check		Tax Forms w/Checks	
	Coupons	Amount	Tax Forms	Amount
January	3,770	\$ 31,300,000	6,200	\$ 91,455,000
February	3,610	\$ 102,889,000	1,080	\$ 7,396,000
March	10,150	\$ 101,358,000	5,360	\$ 102,072,000
April	11,810	\$ 105,658,000	6,310	\$ 63,634,000
May	4,890	\$ 21,940,000	430	\$ 7,914,000
June	5,320	\$ 67,803,000	6,910	\$ 171,876,000
July	3,270	\$ 18,985,000	940	\$ 15,639,000
August	2,230	\$ 13,903,000	650	\$ 8,219,000
September	2,180	\$ 55,025,000	4,200	\$ 218,523,000
October	2,520	\$ 39,602,000	850	\$ 24,775,000
November	2,110	\$ 15,187,000	510	\$ 10,319,000
December	3,130	\$ 178,390,000	5,320	\$ 207,075,000
Total	54,990	\$752,040,000	38,760	\$928,897,000

Payments are collected every business day, but volumes will peak in the months of March, April, June, and September with smaller spikes in volume for May and December. Although the Agency cannot accurately predict lockbox volumes for the expected term of this contract, the anticipated average monthly volumes are reflected in Attachment B, the Price Proposal.

a) Vouchers and Payment Coupons with Payment

The Agency issues notices to business owners in formats like the sample letter shown below. Notices and associated remittance envelopes are mailed to taxpayers for those taxpayers paying via mail.

Sample Letter:



59 Maiden Ln 19th Fl
New York, NY 10038-4502
nyc.gov/finance

May 1, 2019

Letter ID : L0000123456
Tax Type : UBT - Partnership
Account ID : 330-123456789012
Period : 31-Dec-2018

ANY TAXPAYER, LLC
123 OAK STREET
NEW YORK CITY, NY 10000

Notice and Demand

Why we are contacting you:

NYC Finance's records show you owe \$5,385.78

What you must do:

Pay the amount due in full by May 31, 2019 or make payment arrangements online at nyc.gov/eservices.

If you feel our records are not accurate, carefully examine your account activity then log on to e-Services at nyc.gov/eservices and submit a written explanation and documentation of any discrepancy using the Letter ID above.

If the amount is not paid in full, penalty and interest will accrue on the outstanding balance.

Billing Summary

Tax	\$96,383.32
Payments/Credits	(\$96,233.00)
Penalty	\$4,913.61
Interest	\$321.85
Amount due by May 31, 2019	\$5,385.78

Failure to make payment of the Amount Due on or before the date of this notice may result in the docketing of a warrant with the County Clerk. A warrant is a lien on non-exempt real and personal property. It will be made available to credit bureaus nationwide and it may influence your credit rating.

For further information, please contact us at eservices@finance.nyc.gov or (212) 440-5300-use option 3.

Detach this bottom portion and return it with your check made payable to the New York City Department of Finance.

Save time and pay online at nyc.gov/eservices

ANY TAXPAYER, LLC

Acct: 330-123456789012
Tax Type: UBT - Partnership

Letter ID: L0000123456
Media Number: 98765432198
Filing Period: 31-Dec-2018

Due Date: May 31, 2019
Amount Due: \$5,385.78

Amount of Check:

NYC Department of Finance
P.O. Box 3933
New York, NY 10008-3933



330 003 00330123456789012 12312018 98765432198 02 0000538578 8

The payment coupon, at the bottom section of the notice, is expected to be returned with the taxpayer's check payment. The coupon contains a machine-readable Scan Line. The Scan Line meets industry standards for OCR scan lines and has the characteristics in the format contained in Appendix 1. The Agency currently prints the scan line on the coupons in the following font: OCR A Extended, Point Size 12. Each year, New York City corporations, partnerships and unincorporated businesses must file a tax return with or without payment. If there is an amount due, the check payment must be submitted with a payment coupon, as shown in sample payment coupon below, prepared by a tax software provider or downloaded from the Agency's website known as eServices at the following link <https://a836-btseservices.nyc.gov/production/eservices/>.

Sample Payment Coupon:

Detach this bottom portion and return it with your check made payable to the NYC Department of Finance.

Save time and pay online at nyc.gov/eservices

TAXPAYER, INC.
Acct: 200-123456789012
Tax Type: General Corporation Tax

Letter ID: L0000654321
Media Number: 89123456789
Filing Period: 12-31-2019

Amount Due: \$100.00
Amount of Check:

NYC Department of Finance
P.O. Box 3933
New York, NY 10008-3933



200 003 00200123456789012 12312019 89123456789 04 0000010000 2

The payment coupon (a.k.a. payment voucher) is mailed with the taxpayer's check payment. The Agency has determined that approximately 95% of coupons are prepared utilizing a tax preparation software package. The software will generate and print a Scan Line on the payment coupon. The Agency also offers taxpayers the ability to download an NYC-200V (Appendix 4), a form which provides a voucher that taxpayers can complete by hand and mail in with their check payment. Appendix 4 provides a sample NYC-200V with no scanline.

In addition to the payment coupons and Appendix 4, the Agency also receives non-standard coupons from Outside Collection Agencies (OCA). These OCA's work with the Agency to collect outstanding debt owed to the City. The coupons will have scan lines that are of the same composition as the 62-character scanline in Appendix 1, but the scan lines will have different fonts and locations on the coupons. Appendix 5 provides samples of OCA coupons. The samples are not all-inclusive of the coupons that can be received and more may be added in the future. The one characteristic the OCA coupons will have in common is the 62-character scanline described in Appendix 1.

b) Tax Forms with Payments

The Agency has three (3) full and three (3) half-page tax forms that require a check (if applicable) to be included when filing by paper. The forms require taxpayers to provide the period they are filing for, their name, address, EIN/SSN, amount paid, and tax computation elements which will require data capture. The Agency will provide the Contractor with access to the Agency's taxpayer database BTCS to assist with identifying taxpayers and facilitate data capture. The data entered in the tax computation section of each tax form will need to be keyed for data capture.

Tax forms (Sample Tax Forms in Appendix 3) include the following:

- (i) Application for Automatic Extension of Time to File Business Income Tax Returns (NYC-EXT).
- (ii) Mandatory First Installment (MFI) by Business Corporations (NYC-300).
- (iii) Declaration of Estimated Unincorporated Business Tax for Individuals and trusts (NYC-5UBTI)
- (iv) Partnership Declaration of Estimated Unincorporated Business Tax (NYC-5UB)
- (v) Estimated Tax by Business Corporations and Subchapter S General Corporations (NYC-400).
- (vi) Commercial Rent Tax Return (NYC-CR-Q1; NYC-CR-Q2, and NYC-CR-Q3).

c) Exceptions

Most payments processed in the lockbox contain a coupon and a correctly matched check payment. However, exceptions to the standard workflow are processed in the lockbox; those exceptions include but are not limited to:

- (i) Check received without a coupon
- (ii) Check and coupon received but the amount of the check does not match the coupon amount due
- (iii) Coupon received without a check
- (iv) Damaged checks
- (v) Check and coupon received but the check is not properly written
 - Pre-dated, post-dated or missing date.
 - Unacceptable or missing payee name.
 - Missing or mismatched numeric and written dollar amounts
 - Missing signature

Instructions for processing exception items are provided in Appendix 7.

Although the Agency is not able to precisely identify volumes by specific exception category, the Agency expects the number of exception items to be no more than 1% of the total payments made.

3. Scope of Services and Contractor Expectations

Below are specific Business and Excise Tax Lockbox workflow components that the Contractor must deliver:

3.1 Mail Retrieval

All envelopes containing coupons, tax forms, payments and correspondence are delivered to the United States Postal Service's Church Street Station located at 90 Church Street, New York, NY 10007. The Contractor will pick up the contents of the Caller Service P.O. Boxes each business day. The mail is to be collected and delivered by courier to the processing area by the Contractor's personnel or bonded agents.

Certified and registered mail logs are to be maintained to show date of receipt, name of taxpayer, EIN/SSN and envelope contents. The Contractor will compare certified and registered mail against a manifest and sign for such mail as required by the U.S. Postal Service.

During peak collection periods (March, April, June, and September), the Contractor will be expected to make any necessary alteration to the mail retrieval process and in staffing levels to continue the expeditious processing of documents and information daily. The Agency fully expects the Contractor to take all necessary steps to safeguard the mail when transporting the mail from the Post Office to the Contractor's lockbox facility.

3.2 Postmark Date

The Agency requires the envelope postmark date to be captured for all 1) coupons with payment(s) and 2) tax forms received with or without payment. For 1) and 2) received without an envelope, the Agency will work with the Contractor on a methodology to assign a postmark date. The postmark date is to be associated with the envelope contents and is to be included in the file transmission to the Agency's business tax system.

3.3 Private Mail Delivery

The Contractor must provide a physical location in New York State, preferably in New York City, for the receipt of payments with their associated coupons or tax forms delivered by a private delivery company (UPS, Federal Express, and DHL).

3.4 Agency Office Courier Pickups

The Agency will require the Contractor to send a courier to Agency offices to pick up vouchers and tax forms with accompanying check payments to return to the lockbox site for processing. The Agency office pickup location is at 66 John Street, New York, NY 10038. All work picked up that day is to be processed the same day by the Contractor.

3.5 Mail Extraction and Processing

The Contractor must open and extract all the business and excise tax forms, payments and correspondence picked-up each day. The Contractor must examine the contents and perform an initial sort of the work into Standard and Exception workflows. The sorts are to reflect the work conforming to the illustrated workflow in Appendix 6. The workflows are designed to illustrate specific processes that the Agency expects the lockbox Contractor to utilize technology that diminishes inefficiencies in the Contractor's standard workflow.

For Workflows below where checks are received, the Contractor must deliver all checks to the City's check depository bank as substitute checks with the daily deposit conforming to the designated City Depository Bank's ANSI X9.37 (Check21) standards. Additionally, all substitute checks are required to be electronically endorsed on the back of the check image and will, at a minimum, identify the City's bank account, the date of deposit, and the External ID.

Each payment shall be assigned a unique External ID number according to specifications provided by the Agency. The Agency's tax system, BTCS, allows for External ID numbers to be up to 50 characters in length. For the Agency's purposes, we require information in the External ID to be sufficient for both the Agency and Contractor to locate a processed payment. Current External ID numbers used by the agency include the lockbox number, batch date, batch ID number, and a sequential number.

LLLLLLMMDDYYYYBBBBBBBBSSSS

L=Lockbox, MMDDYY = Deposit Date BBBBSSSS = Batch and Sequence Number

a) Processing a Check with a Coupon or Tax Form (Clean Workflow)

A "Clean" workflow assumes the taxpayer writes a check for the correct amount as included on a notice and coupon or form and mails the check with the coupon or tax form to the lockbox address.

The Contractor must support scan line and data capture processes to validate all required fields, including the validation of the data elements reflected in letters and payment coupons, Appendix 5, and data fields on tax forms provided in Appendix 3.

The Contractor must not send paper back to the Agency but will image all envelope contents. The Contractor is required to store paper documents for sixty (60) days at the Contractor's site before destroying them.

b) Processing a Coupon or Tax Form with No Check (Document Only Workflow):

The “document only” workflow assumes that no check is included with a coupon or tax form. Coupons and/or forms submitted without an accompanying check (excluding the NYC-EXT) are to be sent to the Agency.

The form that will be processed in this workflow will be the NYC-EXT Automatic Application for Extension. The NYC-EXT, NYC-CRQ1, NYC-CRQ2, and NYC-CRQ3 forms can be submitted and accepted without payment.

Documents received at the Contractor’s lockbox determined to be a piece of correspondence will be handled with the instructions provided in Section 3.7.

c) Processing a Check with No Documentation (Check Only Workflow)

The “check only” workflow assumes that the taxpayer does not insert a coupon or tax form identified in Appendix 3 with the payment. Checks without an accompanying document will require a virtual coupon to be produced and applied correctly to the outstanding liability. The Contractor will be required to make all reasonable efforts to identify the taxpayer remitting the check using information on the check and accompanying documentation (if included in the envelope). The Contractor will be provided with access to BTCS which will be utilized to create a document/containing a 62-character scan line with the characteristics presented in Appendix 1, Appendix 2a and Appendix 2b. The Agency will provide the Contractor’s lockbox personnel with training on navigating the appropriate screens in BTCS and on the creation of the virtual coupon. Once the virtual coupon is created, payment processing is to follow the payment processing procedure outlined in Section 3.5(a).

Examples of information used to identify taxpayers remitting a check only:

- (i) EIN/SSN on the check or accompanying documentation.
- (ii) BTCS account ID number written on the check or accompanying documentation.
- (iii) BTCS generated letter ID numbers written on the check or accompanying documentation.
- (iv) Other NYC tax form mailed with the check.
- (v) BTCS generated letter (without coupon) included with the check.

d) Processing a Check with No Receivables Match (Exception Workflow)

The “Exception” workflow assumes that the taxpayer does not insert a coupon or tax form with the payment and that none of the procedures in the workflows above results in a match.

The Contractor must present images of non-matched checks (referred to by the Agency as “exception” items), via an online resolution tool, to the Agency. The Agency will research the entry and complete the receivables posting by sending an online decision on the exception item. Due to volumes during peak periods and length of time that may be needed to resolve the exception item, the Agency expects the Contractor to provide a minimum of five (5) days to resolve the issue and submit a decision. The live checks are to be deposited into the Agency’s lockbox depository bank account.

3.6 Non-Conforming Checks

The clean, check only, and exception workflows assume the taxpayer sends a Uniform Commercial Code (UCC) conforming check to the lockbox. Non-UCC conforming checks received by the lockbox will result in decision making by the lockbox operator regarding the checks eligibility to be deposited to the Agency’s designated lockbox depository bank account. The Agency will ask the Contractor to follow the instructions provided in Appendix 7.

3.7 Correspondence Items

Correspondence, whether or not accompanied by a coupon/tax form and payment, shall be, along with the postmarked envelope, sent to the Agency for handling.

3.8 Reports

The Contractor must make available to the Agency production reports showing:

- a) Daily detailed lockbox report on all payments deposited to include, but not limited to:
 - (i) Deposit Date
 - (ii) Lockbox number if more than one.
 - (iii) Payment batch and sequence number.
 - (iv) EIN, SSN, or OCA ID number identified from the coupon scanline.
 - (v) Payment Amount
 - (vi) External ID
 - (vii) Payment
 - (viii) Account Type code (see Appendix 2a)
- b) Daily and monthly production report to include, but not limited to:
 - (i) The number of checks processed/deposited and total deposit amount.
 - (ii) The number of coupons and tax forms.
 - (iii) The number of checks return and amount.
 - (iv) Correspondence processed.
 - (v) The number of images.
 - (vi) The number of coupons created at lockbox.
- c) Daily cash report to include, but not limited to:
 - (i) Payment amount by Account Type code.
- d) Daily no-good check cash report to include, but not limited to:
 - (i) No-good check total and amount by Account Type code.

The reports must be made available via an online platform hosted by the Contractor and reports should be available for both daily and monthly reporting. The Agency may require additional reports be provided as needs arise.

3.9 Agency Lockbox Remittance Processing

a) Remittance Processing during Peak Periods

The Contractor must provide sufficient staff during peak periods to maintain same-day deposit of all items received at the Post Office Box address by 1:00 pm on each business day. Peak periods occur in the months of March, April, June and September.

b) Documents and Payments Processing

Vouchers with payments and documents with payment(s) fall into one of four categories:

- (i) One voucher and/or document, one check.

- (ii) One voucher and/or document, multiple checks.
- (iii) Multiple vouchers and/or documents, one check.
- (iv) Multiple vouchers and/or documents, multiple checks.

The Contractor will process all four categories of payment remittance according to Agency business rules for payment application. In essence and regardless of the category, the Contractor must associate at least one voucher to a payment for payment entry into BTCS. Additionally, all accompanying vouchers and/or documents images associated with a payment are to be transmitted to BTCS.

c) Payment Application Rules

If the payment is:

- (i) Equal to the amount due on the coupon, apply the amount of the payment
- (ii) Less than the amount due on the coupon, apply the amount of the payment
- (iii) Greater than the amount due on the coupon, apply the full amount of the payment
- (iv) Submitted but there are no outstanding balances. A virtual coupon will be created applying the payment to the correct account, account ID, and voucher type.

d) Envelopes Containing Cash

The Contractor must implement reasonable and appropriate procedures to ensure the secure handling and processing of mail containing cash. For cash payments, the Contractor will obtain a check for cash received and follow the appropriate payment processing workflow identified in Section 3.5 (a) or Section 3.5 (b) as applicable.

3.10 File Transmissions

a) Transmission of Payment and Image Files

Each business day no later than 6:00 PM EST, the Contractor must electronically transmit to the Agency data files to be used to update the Agency's Business and Excise Tax billing data base BTCS. The Agency will require the Contractor to send files for the following:

- (i) NYC-400/400B Payments
- (ii) NYC-5UB/5UBTI Payments
- (iii) NYC-EXT Payments
- (iv) NYC-300 Payments
- (v) Commercial Rent Tax Quarterly Payments
- (vi) Coupon Payments
- (vii) Image File
- (viii) Payment Reversal File
- (ix) File Recon File

Payment files for (i) through (vi) are to be text-based files using a fixed-width file format with no delimiters. Refer to Appendix 8 for file format for Commercial Rent Tax Quarterly payments. Payment file formats for the other forms and voucher payments will be similar to the file in Appendix 8 with differences occurring in those fields keyed from the tax form.

The Contractor will be required to transmit Image Files via a Zip file containing one or more TIF image files along with a fields.dat and images.dat file containing index data needed so that BTCS can pair the image to the appropriate payment. The Agency requires images of:

- Both the front and back of the check.
- Page 1 of tax forms.
- Vouchers.
- Envelopes.

The Contractor will be required to transmit a file(s) to the Agency with images of coupons, forms, or transmittals and corresponding payment(s) processed, along with their envelopes, for our later use in researching payments. The images will be uploaded and stored in the Agency's tax system, BTCS. Images residing on the Contractor's host computer must be made available to the Agency to retrieve in a timely manner. Any image delivery solution must consider the applicable Agency, State and Federal tax secrecy provisions and legal document retention requirements.

To transmit a payment reversal file to BTCS, the Contractor will be required to receive a reversal file in standard Bank Administration Institute (BAI) format from the Agency's depository bank and convert that file into a text-based file using a fixed-width file format with no delimiters.

The Agency will require that a null file be transmitted to BTCS when no payments or tax forms are received.

The electronic file transmission of all files is via File Transfer Protocol (FTP) using a "pull" method for file retrieval and a "push" method for file transmission. The Contractor will be required to support both a testing and production environment with separate FTP login credentials and folders for both environments.

For all transmitted files, the Agency requires that the Contractor submit a daily Recon file listing all the files sent on a given day which the Agency will use to compare to files received by BTCS.

b) No-Good (NG) Payments

In addition to the payment reversal file in Section 3.10(a), the Contractor will be required to provide the Agency with a process/system to identify dishonored (i.e. no-good) payments. The Agency expects less than 1,000 NG payments per calendar year.

c) Verification of Data Capture

The Contractor must implement Payment Processing, Data Capture and Audit Trail procedures (or such other procedures as the Contractor deems appropriate) to ensure the accuracy of all data contained in the daily BTCS file transmissions.

d) Data Redundancy

The Contractor must show evidence that, if its primary repository of electronic data storage is unavailable for the Agency's use/access, it can provide immediate access to such electronically stored data through a secondary data center (i.e. a Hot Back-Up).

3.11 Additional Requirements and Services

a) Designate a Customer Service Manager

The Contractor must designate a customer service manager that will serve as the City's primary point of contact for all service-related issues. Should the Contractor utilize the services of a third party (e.g. joint venture, subcontractor, etc.) in satisfying the requirements of this RFP, the Agency requires primary contact at the third-party vendor for all questions and inquiries. All third-party relationships in connection to this project must be provided in the Contractor's proposal. The Contractor will, in responding, provide the name and location of the primary contact and the contact for any third-party contractor involved.

In addition to the designated contact, the Contractor is to provide an online reporting system that Agency staff can use to report lockbox processing issues, payment inquiries, and new implementations. The online reporting system will create a case that can be tracked and allow for comments to be added with supplemental information or questions. The Agency will expect the Contractor to acknowledge a case entry within 24 hours, not including weekends and holidays.

b) Test Environment

The Contractor is required to provide a robust testing environment mimicking the production environment that will be used for the testing of file formats, file transmissions, programming changes and user acceptance testing (UAT) prior to being released to production. The Contractor will also provide a sandbox or other isolated environment for the training of DOF staff on the use of Contractor's online systems.

c) Microsoft Teams

The Contractor is required to utilize Microsoft Teams for all meetings with DOF.

d) Invoices and Account Analysis Statements

The Contractor must submit monthly invoices and account analysis statements to the Agency no later than thirty (30) days after the close of the reporting month. The service charge items should be clearly and uniquely identified and should conform to the Contractor's pricing proposal. The Contractor must provide definitions of service charge items at the request of the Agency.

e) Change Requests

The following requirements shall be applicable to change requests for program and process modifications. A pricing proposal for the enhancement will be submitted to the City for approval.

- (i) The Contractor will list any new price points for contracted services affected by the enhancement work.
- (ii) The Contractor shall provide adequate staff and resources to complete the specified services by the scheduled implementation date.
- (iii) The Contractor shall provide programming hours and the rates it charges for each type of programmer/analyst to accomplish a change or work order submitted by the City.
- (iv) The Contractor shall provide the rates it charges for re-training the various types of staff proposed.

- (v) The Contractor shall submit a detailed progress report to the City every month until the work is completed.
- (vi) The acceptance criteria for each deliverable shall be jointly developed by the parties and mutually agreed to in writing before commencement of the work, if possible, but in no event later than thirty days before the scheduled implementation date.
- (vii) Acceptance shall not occur until an enhancement has functioned correctly in the production environment for a minimum of 30 consecutive days.
- (viii) If the deliverable does not conform to the acceptance criteria within a reasonable time after the scheduled implementation date (not to exceed two months after the scheduled implementation date), the Department may:
 - Terminate the enhancement without any liability therefore, and the Contractor shall promptly reimburse the Department for any payments made there under.
 - Permit the Contractor to continue to attempt to correct the deficiencies, reserving the right to terminate as aforesaid.

3.12 Alternate Solutions and Future Enhancements

Contractors are encouraged to suggest alternate product solutions to satisfy the Agency's requirements and to illustrate the Contractor's advanced technological, product design, and service capabilities. In addition, Contractors should recommend different solutions that will result in lower costs, improved cash management, greater efficiency, and enhanced controls and protections for the Agency. The Department will evaluate all recommendations and may select alternate solutions that, in the Agency's judgment, will prove to be beneficial to the Agency's banking and cash management requirements.

3.13 Damages

The City shall deduct monies from monies owed to the Contractor for breaches of the contract resulting from this RFP, including but not limited to instances in which the Contractor:

- a) Fails to collect all mail delivered to the assigned Post Office box address after a 3 - business day cure period.
- b) Fails to process all envelopes and payments received at the Post Office box address in time to meet the daily deposit deadline at the City's designated depository bank after a 5-business day cure period.
- c) Fails to correctly construct the daily ANSI x9.37 (Check21) in a format that can be processed by the City's designated depository bank after a 5-day cure period.
- d) Fails to deliver a next-day deposit report to the City after a 5-business day cure period.
- e) Fails to maintain connectivity to the City's Business Tax Collection System after a 5 - business day cure period.
- f) Fails to provide disaster recovery processing services to the City in accordance with the Contractor's disaster recovery plan after a 5-business day cure period.

This provision shall not be interpreted to limit the City's authority to seek damages against the Contractor pursuant to any provision of the Contract resulting from this RFP or for any other breach of such Contract not specified above.

3.14 Planned Downtime

The Agency understands that there may be planned and reoccurring periods throughout the year that a Contractor would need to bring its systems down for maintenance, upgrades, or end of fiscal year practices. In these instances, the Contractor will notify the Agency a minimum of 90-days in advance of any planned downtime which impacts services provided pursuant to this proposal. The notification is to identify the length of time down and all potential impacts to operations. If the downtime is to be greater than one day (24 hours), the Contractor will be required to outline contingency plans so that Agency operations are not interrupted.

3.15 Transition Services

If prior to the expiration or termination of this Agreement, including any extension periods, the City has entered into a new contract with another vendor for the provision of the services required hereunder, the Contractor agrees to assist the City and such new vendor in facilitating the transition of disbursement, check printing, and banking services. Such assistance shall include the turning over to the new vendor, upon the City's request, any and all documents, work plans and records, provided by the City and/or specifically developed by the Contractor for the performance of the services under this Agreement, provided the Contractor's proprietary interest in such items is not exclusive. The Contractor shall be reimbursed for the reasonable costs incurred in performing these transition services, provided such costs are approved by the City. The Contractor shall not be liable for damages caused by the Contractor's successor during transition.

3.16 Optional Remote Deposit Services

Many taxpayers are insistent on sending checks to Agency offices in lieu of mailing their payment to the designated Post Office Box for lockbox processing. The Agency is interested in a remote deposit solution that will allow us to create either a physical or virtual voucher that can be scanned or manually inputted, respectively, along with the check for deposit and to apply the payment to the correct account in BTCS.

SECTION IV. FORMAT, CONTENT AND SUBMISSION OF THE PROPOSAL

In order to submit a Full Complete Proposal Package, the proposer must complete all the required fields within the RFx Questionnaire. Technical Proposal shall be submitted, as one single file, in Section C of the RFx Questionnaire, in PDF format via PASSPort Portal in accordance with the terms and conditions set forth below.

A. Technical Proposal Format

1. Proposal Cover Letter

The Proposal Cover Letter transmits the proposer's Proposal Package to the Department. The letter should be completed, signed and dated by an authorized representative of the proposer.

2. Technical Proposal

The Technical Proposal shall be clear, concise narrative and include the following:

a) Summary: Provide a summary of the important features of the proposal, including the proposer's understanding of the scope and objectives of the project.

b) Relevant Experience:

Describe the successful relevant experience of the proposer, each proposed sub-contractor if any, and the proposed key staff in providing the work described in Section III of this RFP. Specifically address the following:

- (i) The Proposer must have a minimum of three (3) years relevant experience providing the lockbox services at equivalent or higher levels to those described in the Scope of Services set forth in this RFP.
- (ii) Key Proposer staff assigned to support the City's operating requirements must have a minimum of three (3) years' relevant experience delivering and servicing the products required in this RFP. Attach for each key staff position a resume and/or description of the qualifications that will be required.
- (iii) The Proposer must provide a minimum of three (3) relevant references (preferably a substantial City government), including the name of the reference, a brief statement describing the relationship between the Proposer and the reference, and the name, title and telephone number and email address of a contact person at the reference. Please obtain prior approval for the City to contact the references.
- (iv) The Proposer must guarantee that the key persons, or similarly qualified persons, assigned to the Contract have the relevant experience and qualifications required and that the identified key staff, or similarly qualified persons, will be available for the duration of the Contract.
- (v) The Proposer must demonstrate that it can process the City's payment and tax form volumes accurately and on time every day without interruption.
- (vi) The Proposer must demonstrate that it has the technical expertise and capability to process the City's Business and Excise Tax forms and payments accurately and on time every day without interruption.
- (vii) The Proposer must demonstrate that it has proper practices and procedures to process the several different collection workflows illustrated in Section III of the RFP.
- (viii) Experience in providing lockbox processing services. Provide the number of payments (with associated coupons) that are processed daily/monthly/annually.
- (ix) The legal relationship, if one exists, between the proposer and any third-party subcontractors that participate in the delivery of the product and the length of time each such relationship has been in effect.
- (x) Attach a list of at least three (3) relevant references, including the name of the reference entity, and the name, title, telephone number, and email address of a contact person at the reference entity, each proposed sub-contractor, if any. References for subcontracted courier services are not required with the proposal submission but should be made available upon request.

c) Organizational Capability:

Demonstrate the proposer's organizational (i.e., technical, managerial, and financial) capability to provide the work described in Section III. Specifically address the following:

- (i) Describe your business and the organization's management structure highlighting relationship management, customer service, and compliance.

- (ii) Describe your organization's technical expertise and capability to process the City's Business and Excise Tax forms and payments.
- (iii) Attach a chart showing where, or an explanation of how, the proposed services will fit into the proposer's organization demonstrating that the proposer has the capacity to integrate the RFP services into its organization.
- (iv) Attach a copy of the proposer's latest audit report or certified financial statement, or a statement as to why no report or statement is available.
- (v) Supply three (3) years' Annual Reports to Shareholders and financial statements certified by a public accountant for your company.
- (vi) Collect mail from Caller Service Post Office Boxes located in New York State.

d) Proposed Approach:

Describe in detail how the proposer will provide the work described in Section III of this RFP and demonstrate that the proposer's proposed approach will fulfill the Agency's goals and objectives. Specifically address the following:

- (i) Describe the daily process for mail retrieval from the P.O. Box(es) and if the courier service will be sub-contracted.
- (ii) Describe the process for the handling of Certified Mail.
- (iii) Describe the capability of being able to send a courier for mail retrieval at Agency offices on a daily basis.
- (iv) Planned location of the Post Office Boxes and lockbox facility.
- (v) Explain the procedure used to capture envelope postmark dates.
- (vi) Describe the capability and means by which the scan line located on each voucher will be captured and matched to the payment for transmission to the City's Business Tax Collection System (BTCS).
- (vii) Demonstrate proper practices and procedures to process the collection workflow illustrated in Appendix 6.
- (viii) Describe the process for handling the "clean" workflow in Section 3.5 (a).
- (ix) Describe the process for handling the "document only" workflow in Section 3.5 (b).
- (x) Describe the process for handling the "check only" workflow in Section 3.5 (c).
- (xi) Describe the process for handling the "exception" workflow in Section 3.5 (d).
- (xii) Describe the capability to deposit substitute checks according to ANSI X9.37 (Check 21) standards.
- (xiii) Describe the process utilized to handle non-conforming checks.
- (xiv) Describe how substitute checks are to be electronically endorsed on the back of the check image and the ability to have the endorsement identify the City's bank account, the date of deposit, and the External ID.
- (xv) Detail the web-based solution allowing Agency personnel to review payments that cannot be matched to a receivable.
- (xvi) Detail the online services available for payment research and viewing reports.
- (xvii) Describe the ability to add additional payment processing resources during peak remittance periods.
- (xviii) Describe how the agency will be able to retrieve images of vouchers, checks, tax forms, and correspondence.
- (xix) Describe how correspondence items will be managed and the reported to the City.
- (xx) Describe how envelopes containing currency and coins will be handled and deposited.
- (xxi) Explain the ability to process payments according to Agency payment application rules.

- (xxii) Describe the ability to transmit payment, reversed payment, and image files by a secure FTP file.
- (xxiii) Describe the ability to prepare electronic files that are text based using a fixed-width format with no delimiters.
- (xxiv) Describe the steps taken to ensure the accuracy of all data contained in any file sent to the City's database, BTCS. In particular, describe the ability to apply the Luhn check digit algorithm.
- (xxv) Detail the capability of sending to the Agency a daily reconciliation file to account for files transmitted to BTCS.
- (xxvi) Detail the continuity of business should the proposer lose access to its primary processing site.
- (xxvii) Designate a customer service manager fully versed on the Agency's operations.
- (xxviii) Describe the testing environment identifying its strengths and limitations.
- (xxix) Provide the capability to use Microsoft Teams.
- (xxx) Provide the Agency with access to any third-party vendor involved with the services requested in this proposal.
- (xxxi) Describe how the Agency will be able to report issues to the Contractor and how those issues will be assigned a case and tracked.
- (xxxii) Describe how the Agency will be invoiced for services rendered.
- (xxxiii) Describe the change request process.
- (xxxiv) Explain how, during the term of the anticipated contract, any alternate solutions or future enhancements the proposers make to improve processing will be communicated to the Agency.
- (xxxv) Detail any recurring/periodic downtime for the proposer's operations that could affect the Agency's continuity of business.
- (xxxvi) Explain how transition services will be provided to the Agency at the contract's end.

Note: The Technical Proposal shall NOT include any pricing information or any exceptions or notes referencing the Pricing Proposal (Attachment B). All such pricing information shall be included ONLY in the Price Proposal.

B. Price Proposal Format

The proposer must complete the Price Proposal form (Attachment B), in Microsoft Excel Document, located under Documents Section of the View RFx tab in PASSPort. Attach the fully completed and filled out Excel file in the Documents tab.

Proposers should submit a Price Proposal (Attachment B) that meets the standards and expectations set forth in Section III.

Note: The "Item" tab in the RFx is a required field for the Total Proposal Amount for six (6) years. Please ensure to transfer the Grand Total Amount (Cell P45 of Attachment B) to the Total Proposal Amount field under "Item" Tab.

No additions or any alteration to the Price Proposal (Attachment B) is permitted. Price Proposal must be completed in its original form provided.

SECTION V. PROPOSAL EVALUATION AND CONTRACT AWARD PROCEDURES

A. Evaluation Procedures

All proposals accepted by the Agency will be reviewed to determine whether they are responsive or non-responsive to the requisites of this RFP. Proposals that are determined by the Agency to be non-responsive will be rejected. The Agency's Evaluation Committee will evaluate and rate all remaining proposals based on the Evaluation Criteria prescribed below. The proposals will be ranked in order of highest to lowest

technical score and the Agency will establish a shortlist of all the proposals scoring at or above the cut-off score of 70 percent. Proposals submitted by City or State certified M/WBEs that meet or surpass this threshold will be given a 10% quantitative preference of total technical points. No vendor with a technical score below 70 will be considered for award. The Agency reserves the right to conduct site visits and/or interviews and/or to request that Proposers make presentations and/or demonstrations, as the Agency deems applicable and appropriate. Although discussions may be conducted with Proposers submitting acceptable proposals, the Agency reserves the right to award contracts based on initial proposals received, without discussions; therefore, the Proposer's initial proposal should contain its best technical and price terms.

B. Evaluation Criteria

Responsive proposals will be evaluated based on the following:

- Demonstrated quantity and quality of successful relevant experience Weight 35%
- Demonstrated level of organizational capability Weight 25%
- Quality of proposed approach Weight 40%

A preference of ten percent (10%) of the total technical points earned will be applied to all qualified proposers that are City or State certified M/WBEs.

[SAMPLE SCORING]

The following is only for illustrative purposes to demonstrate how this new rule will be implemented and not applicable to this RFP (RFx).

Example:

Demonstrated quantity and
quality of successful relevant
experience:

M/WBE proposer earned 25 out of 35 points in this category

Demonstrated level of
organizational capability

M/WBE proposer earned 15 out of 25 points in this category

Quality of proposed approach

M/WBE proposer earned 30 out of 40 points in this category

M/WBE proposer's total technical points before 10% preference = 70 points

M/WBE proposer's final total technical score after 10% preference = 77 points

In the example above, an M/WBE firm received a total technical point of 70 would then receive a 10% preference added to their score and their resulting final total technical score would be 77.

Final ranking of this M/WBE firm would then be based on the final total technical score of 77.

C. Basis for Contract Award

A contract will be awarded to the responsible proposer whose proposal is determined to be the most advantageous to the City, taking into consideration the price and such other factors or criteria which are set forth in this RFP, specifically, the proposer's quantity and quality of successful relevant experience; level

of organizational capacity; and quality of proposed approach as these factors pertain to the services outlined and described by the City in Sections III and IV. Award shall be determined based on a combination of technical point and price factors. Award will be ranked in order of lowest price per technical point, which shall be calculated by dividing the proposed price (or Best and Final Offer Price, if applicable) by the final technical score. Contract award shall be subject to the timely completion of contract negotiations between the Department and the selected proposer.

D. M/WBE Scoring Preference

The New York City's Procurement Policy Board Rules, section 3-03 has been amended to allow quantitative preferences to be applied to City and State-certified M/WBEs proposers. In ranking proposers for goods, standard and professional services procurements, other than construction related consulting services, a preference of ten percent (10%) of the total technical points earned will be applied to all City or State certified M/WBEs that meet the 70% cut off score.

E. Supply and Service Employment Report

Upon selection, the successful proposer must upload a signed copy of the Department of Small Business Services Supply and Service Employment Report, into PASSPort, a copy of which can be downloaded from <http://www1.nyc.gov/site/sbs/businesses/contract-compliance.page>. The proposer must submit the Supply and Service Employment Report within ten days of written notification.

F. PASSPort Disclosure

Procurement and Sourcing Solutions Portal (PASSPort) Disclosure Filing (formerly known as Vendor Information Exchange System (VENDEX) Forms or Certificate of No Change) All organizations intending to do business with the City of New York must complete an online disclosure process to be considered for a contract. This disclosure process was formerly completed using Vendor Information Exchange System (VENDEX) paper-based forms. In anticipation of awards, proposers for this project must create online accounts in the new Procurement and Sourcing Solutions Portal (PASSPort) and file all disclosure information. Paper submissions, including certifications of no changes to existing VENDEX packages will not be accepted in lieu of complete online filings. For more information about PASSPort, please visit nyc.gov/passport.

VENDEX/PASSPort Fees. Pursuant to PPB Rule 2-08(f)(2), the contractor will be charged a fee for the administration of the VENDEX/PASSPort system, including the Vendor Name Check Process, if a Vendor Name Check review is required to be conducted by the Department of Investigation. The contractor shall also be required to pay the applicable fees for any of its subcontractors for which Vendor Name Check reviews are required. The fee(s) will be deducted from payments made to the contractor under the contract. For contracts with an estimated value of less than or equal to \$1,000,000, the fee will be \$175. For contracts with an estimated value of greater than \$1,000,000, the fee will be \$350.

G. Contract Finalization

Upon selection, each successful proposer will be asked to finalize a Contract with DOF subject to the conditions specified in the RFP (RFx) and to the Agency's standard contract provisions. The contents of the selected proposal, together with the RFP (RFx) and any addendum(s) provided during the proposal process, may be incorporated into the final contract to be developed by the Agency.

Insurance Requirements for insurance that must be provided by the Contractor is specified in Article 7 and Schedule A of Exhibit 1, which is included as an Exhibit in the Draft Contract. The cost of all insurance is deemed included in payments to the Contractor, as set forth in the Draft Contract. The Proposer is advised to review such insurance requirements.

SECTION V. GENERAL INFORMATION TO PROPOSERS

A. Complaints

The New York City Comptroller is charged with the audit of contracts in New York City. Any proposer who believes that there has been unfairness, favoritism or impropriety in the proposal process should inform the Comptroller, Office of Contract Administration, 1 Centre Street, Room 1005, New York, NY 10007; contract@comptroller.nyc.gov, or at (212) 669-2323. In addition, the New York City Department of Investigation should be informed of such complaints at its Investigations Division, 80 Maiden Lane, New York, NY 10038; the telephone number is (212) 825-5959.

B. Applicable Laws

This Request for Proposals and the resulting contract award(s), if any, unless otherwise stated, are subject to all applicable provisions of New York State Law, the New York City Administrative Code, New York City Charter and New York City Procurement Policy Board (PPB) Rules. A copy of the PPB Rules may be obtained by contacting the PPB at (212) 788-0010 or at: <http://www.nyc.gov/html/mocs/ppb/html/home/home.shtml>.

C. General Contract Provisions

Contracts are subject to New York City's general contract provisions, in substantially the form that they appear in "Exhibit 1 -Appendix A-General Provisions Governing Contracts for Consultants, Professional, Technical, Human, and Client Services with ESSTA and Addendum" or, if the Agency utilizes other than the formal Exhibit 1, in substantially the form that they appear in the Agency's general contract provisions. A copy of the applicable document is attached to the form of Proposed Contract to this RFP (RFX) (found in documents section of PASSPort). The proposer is advised to carefully review the Proposed Contract in its entirety before submitting a proposal.

D. Contract Award

Contract award is subject to each of the following applicable conditions and any others that may apply: New York City Fair Share Criteria; New York City MacBride Principles Law; submission by the proposer of the requisite New York City Department of Business Services/Division of Labor Services Employment Report and certification by that office; submission by the proposer of the requisite Procurement and Sourcing Solutions Portal (PASSPort) online disclosure process and review of the information contained therein by the New York City Department of Investigation; all other required oversight approvals; applicable provisions of federal, state and local laws and executive orders requiring affirmative action and equal employment opportunity; and Section 6-108.1 of the New York City Administrative Code relating to the Local Based Enterprises program and its implementation rules.

E. Proposer Appeal Rights

Pursuant to the PPB Rules, proposers have the right to appeal Agency non-responsiveness determinations and Agency non-responsibility determinations and to protest an Agency's determination regarding the solicitation or award of a contract.

F. Multi-Year Contracts

Multi-year contracts are subject to modification or cancellation if adequate funds are not appropriated to the Agency to support continuation of performance in any City fiscal year succeeding the first fiscal year or if the contractor's performance is not satisfactory. The Agency will notify the contractor as soon as is practicable that the funds are, or are not, available for the continuation of the multi-year contract for each succeeding City fiscal year. In the event of cancellation, the contractor upon written approval by the Commissioner or designee will be allowed reimbursement for the costs associated with any previously released work order(s), if any, upon the delivery, acceptance and satisfactory completion of all "to-date" project related findings and determination reporting along with the corresponding material testing results as outlined in the contract.

G. Billing and Invoicing

In March 2020, the NYC Mayor's Office of Contracts Services (MOCS) rolled out a digital Procurement and Sourcing Solutions Portal (PASSPort). The portal allows a centralized, digital invoicing and payment platform that allows for invoice submissions and tracking online. Vendor contract invoicing has transitioned to PASSPort Citywide in 2023.

If your contract has been activated to invoice in Passport, please log in and submit invoice online via <https://www.nyc.gov/site/mocs/passport/about-passport.page>

If your contract has not been activated to invoice in Passport or you've encountered technical difficulties: please submit all invoices with supporting documentations electronically to DOF Accounts Payable unit at AcctsPayable@finance.nyc.gov.

Please be advised that the DOF Accounts Payable Unit is located at: 59 Maiden Lane, 32nd Floor, New York, NY 10038.

In order to process your payment pursuant to the Agreement promptly and efficiently, please ensure that all invoices are submitted on company letterhead and contain the following information:

1. Invoices are to be submitted with supporting documents electronically to DOF Accounts Payable unit at AcctsPayable@finance.nyc.gov
2. Contractor name, address and contact name and phone number must be prominently displayed — NOTE: Contractor name on the invoice must be on file with the NYC Comptroller's Office via a W - 9 form submission.
3. Current Contractor Contract number (CT)/purchase order (PO)
4. Invoice number and date of invoice
5. Invoice service period and date of delivery
6. Invoices shall be submitted in both hard copy and soft copy format.
7. Appropriate backup and all other supporting documentation to substantiate the invoice charges must be attached:

7.1. Monthly Payments: For work provided on a fixed-price basis, with fixed monthly payments, the City Contract Number must be included with the invoice.

7.2. Payment Milestones: For work provided on a fixed-price basis, with milestone payments, documentation evidencing the City's acceptance of the applicable payment milestone(s) must be included with the invoice.

7.3. Time and Materials: For work provided on a time and materials basis, consolidated timesheets for teams of individuals for which charges are being made must contain the day and dates of service, and job titles must match those identified in the contract, change order, or purchase order, hourly rates and number of

hours worked. The legible printing of the vendor project manager's name, as well as, the signature of the vendor project manager. The legible printing of the City project manager's name, as well as, the signature of the City project manager.

8. Contractor shall concurrently provide the City Program Manager with a softcopy of the invoice and applicable supporting documentation.
9. Should Contractor require additional information, please contact the DOF Accounts Payable unit at AcctsPayable@finance.nyc.gov

H. Prices Irrevocable

Prices proposed by the proposer will be irrevocable until contract award, unless the proposal is withdrawn. Proposals may only be withdrawn by submitting a written request to the Agency prior to contract award but after the expiration of 90 days after the opening of proposals. This does not limit the discretion of the Agency to request proposers to revise proposed prices through the submission of best and final offers and/or the conduct of negotiations.

I. Confidential, Proprietary Information or Trade Secrets

Proposers should give specific attention to the identification of those portions of their proposals that they deem to be confidential, proprietary information or trade secrets and provide any justification of why such materials, upon request, should not be disclosed by the City. Such information must be easily separable from the non-confidential sections of the proposal. All information not so identified may be disclosed by the City.

J. RFP Postponement/Cancellation

The Agency reserves the right to postpone or cancel this RFP in whole or in part, and to reject all proposals.

K. Proposer Costs

Proposers will not be reimbursed for any costs incurred to prepare proposals.

L. Charter Section 312(a) Certification.

☒ The Agency has determined that the contract(s) to be awarded through this Request for Proposals will not result in the displacement of any New York City employee within this Agency. See attached Displacement Determination Form.

☐ The Agency has determined that the contract(s) to be awarded through this Request for Proposals will result in the displacement of New York City employee(s) within this Agency. See attached Displacement Determination Form.

☐ The contract to be awarded through this Request for Proposal is a task order contract that does not simultaneously result in the award of a first task order; a displacement determination will be made in conjunction with the issuance of each task pursuant to such task order contract. Determination for any subsequent task orders will be made in conjunction with such subsequent task orders Labor Law Requirements.

M. Compliance with Iran Divestment Act

Pursuant to State Finance Law Section 165-a, and General Municipal Law Section 103-g, the City is prohibited from entering into contracts with persons engaged in investment activities in the energy sector

of Iran. Each proposer is required to complete the Bidders Certification of Compliance with the Iran Divestment Act, certifying that it is not on a list of entities engaged in investments activities in Iran created by the Commissioner of the NYS Office of General Services. If a proposer appears on that list, the Agency/Department will be able to award a contract to such proposer only in situations where the proposer is taking steps to cease its investments in Iran or where the proposer is a necessary sole source. Please refer to the Affirmations tab of the Questionnaire in PASSPort for information on the Iran Divestment Act required for this solicitation and instructions on how to complete the required form and to <https://ogs.ny.gov/iran-divestment-act-2012> for additional information concerning the list of entities.

A bid or proposal shall not be considered for award nor shall any award be made where the bid or proposal fails to certify.

N. Participation by Minority Owned and Women Owned Business Enterprises in City Procurement

The contract resulting from this RFP (RFx) will be subject to M/WBE participation requirements under Section 6-129 of the Administrative Code of the City of New York. Please refer to the “Notice to All Prospective Contractors” and “Schedule B-MWBE Utilization Plan & PASSPort” document for complete details and for instructions on how to complete the M/WBE Requirements Tab in PASSPort. All requests for full or partial waiver of M/WBE Participation Requirement shall be submitted via View RFx - Discussion with Buyer tab, no later than seven (7) calendar days prior to the bid due date and time. Waiver requests submitted via email will not be accepted.

O. Compliance with Local Law 34 of 2007

Pursuant to Local Law 34 of 2007, amending the City's Campaign Finance Law, the City is required to establish a computerized database containing the names of any "person" that has "business dealings with the city" as such terms are defined in the Local Law. In order for the City to obtain necessary information to establish the required database, vendors responding to this solicitation are required to complete the Doing Business Data Form in PASSPort with when they are submitting their proposal. For information on how to complete the Doing Business Data Form in PASSPort, please see “Manage Responses // LL34 Compliance” in Attachment A, “Instructions for Responding to the RFP (RFx)”. New for 2018: Organizations which hold 10% or more ownership of the entity must now be reported. Beginning in January 2018, an entity must submit a DBDF that certifies whether one or more organizations own or control 10% or more of the entity. Until such a DBDF has been received by Doing Business Accountability, a DBDF submitted with a filing status of No Change will not be accepted. To determine if Doing Business Accountability has received such a certification from your entity, contact doingbusiness@mocs.nyc.gov or at 212-788-8104.

P. Whistleblower Protection Expansion Act Rider

Local Law Nos. 30 and 33 of 2012, codified at sections 6-132 and 12-113 of the New York City Administrative Code, the Whistleblower Protection Expansion Act, protect employees of certain City contractors from adverse personnel action based on whistleblower activity relating to a City contract and require contractors to post a notice informing employees of their rights. The Whistleblower Protection Expansion Act Rider is incorporated into Exhibit 1, which is an exhibit to the Draft Contract. Please read the Whistleblower Protection Expansion Act Rider, carefully.

Q. Subcontractor Compliance Notice

The selected vendor will be required to utilize the City’s web-based system to identify all subcontractors in order to obtain subcontractor approval pursuant to New York City Procurement Policy Board (“PPB”) Rule section 4-13, and will also be required to enter all subcontractor payment information and other related information in such system during the contract term. Please read the Subcontractor Reporting (found in Documents section of the RFx in PASSPort) as it relates to competitive solicitations.

R. Paid Sick Leave Law Contract Rider

The Earned Sick Time Act, also known as the Paid Sick Leave Law (“PSLL”), requires covered employees who annually perform more than 80 hours of work in New York City to be provided with paid sick time. Contractors of the City of New York (or of other governmental entities) may be required to provide sick time pursuant to the PSLL. The Paid Sick Leave Law Rider, will be included in any contract awarded from this RFP (RFx) and will incorporate the PSLL as a material term of such a contract. Please read Exhibit 1 of the Proposed Contract carefully.

APPENDIX 1

62 Character Scanline

The HRI (Human Readable Interpretation) Line includes the following data fields (62 Characters including spaces):

3 characters Account Type Code. Appendix 2a identifies account types used by the Agency.
(Space)

3 characters ID Type. Appendix 2a identifies ID types used by the Agency.
(Space)

17 characters Corresponding ID to ID Type.
(Space)

8 characters Filing period corresponding to payment.
(Space)

11 characters Media Number. Agency provided number.
(Space)

2 characters Voucher Type. Appendix 2a identifies voucher types used by the Agency.
(Space)

10 characters Amount of voucher.
(Space)

1 character Check Digit¹

As it appears on the coupon:

AAA III 9999999999999999 MMDDYYYY MMMMMMMMMMMM TT \$\$\$\$\$\$\$\$ C

¹ The Agency calculates the check digit using Luhn algorithm calculation. Appendix 2b outlines the mathematical routine for verifying the accuracy of reading the scan line.

APPENDIX 2a

Account, ID, and Voucher Types

Account Type Code	Description
010	Banking Corporation Tax
040	Commercial Rent Tax
200	General Corporation Tax
215	Hotel Room Occupancy Tax - Regular
216	Hotel Room Occupancy Tax – Bed & Breakfasts
250	Retail Beer Wine Liquor Tax
290	Real Property Transfer Tax
300	Non-Resident City Employees – Section 1127
301	Summer Beer Wine Liquor License Tax
305	Commercial Motor Vehicle Tax - Medallion Taxicabs
307	Commercial Motor Vehicle Tax - Non-medallion Taxicabs
320	Unincorporated Business Tax - Individuals
330	Unincorporated Business Tax – Partnerships
350	Utility Tax – UXP
360	Utility Tax – UXR
370	Utility Tax - UXS
390	Wholesale Cigarette Tax
395	Cigarette Tax Enforcement
400	Corporate Tax
911	E-911 Surcharge
999	No Account

ID Code	ID Type
001	EIN
002	SSN
003	BTS Account ID

Voucher Type Code	Description
01	Audit Payment
02	Bill Payment
03	Collection Payment
04	Estimated Payment
05	Payment Plan Payment
06	Return Payment
07	Extension Payment

APPENDIX 2b

Scanline Check Digit

The check digit routine uses the Luhn algorithm calculation. The following is a working example of a voucher scanline:

Sample:

999 001 0000000011111111 12319999 05469726724 02 0011906145

Add 0 to the front of the scan line as the first digit. This is Position 1:

0999 001 0000000011111111 12319999 05469726724 02 0011906145

Each even position is weighted by 2. Spaces are included and counted as 0. (Spaces are indicated as underscores below):

Sample

0999 _ 001 _ 0000000011111111 _ 12319999 _ 05469726724 _ 02 _ 0011906145

Weight

1212 1 212 1 21212121212121212 1 21212121 2 12121212121 2 12 1 2121212121

Product = sample x weight

0(18)9(18) _ (0)0(2) _ (0)0(0)0(0)0(0)0(2)1(2)1(2)1(2)1(2) _ (2)2(6)1(18)9(18)9 (_)
0(10)4(12)9(14)2(12)7(4)4 (_) 0(4) _ (0)0(2)1(18)0(12)1(8)5

For any numbers greater than 9, add their individual numbers (e.g. 14 -> 1 + 4 = 5):

0999 002 00000000212121212 22619999 01439523744 04 0021903185

Add sum of numbers (zeroes removed for simplicity):

9 + 9 + 9 + 2 + 2 + 1 + 2 + 1 + 2 + 1 + 2 + 1 + 2 + 2 + 2 + 6 + 1 + 9 + 9 + 9 + 9 + 1 + 4 + 3 + 9 + 5 +
2 + 3 + 7 + 4 + 4 + 4 + 2 + 1 + 9 + 3 + 1 + 8 + 5 = 165

Sum mod 10:

165 mod 10 = 5

Check digit:

5

Final scanline (after removing zero placed in Position 1):

999 001 0000000011111111 12319999 05469726724 02 0011906145 5

The check digit routine is used to minimize data entry keying and barcode errors by confirming that a notice number is a valid entry.

The Luhn algorithm returns true if mod 10 = 0.



APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE BUSINESS INCOME TAX RETURNS

2024
☐ **Final Return** - Check this box if you have ceased operations in NYC.

PRINT OR TYPE

For CALENDAR YEAR 2024 or Fiscal Year beginning

, 2024 and ending

Name (if combined corporate filer, give name of reporting corporation)

Name
Change ☐

In Care of

Unincorporated
Business-Individuals
Only ☐

First Name

Last Name

Name
Change ☐

Business address (number and street)

Address
Change ☐

City and State

Zip Code

Country (if not US)

Business Telephone Number

Email Address

EMPLOYER IDENTIFICATION NUMBER:

OR

SOCIAL SECURITY NUMBER:

(FOR UNINCORPORATED BUSINESS-INDIVIDUALS ONLY)

BUSINESS CODE NUMBER AS PER FEDERAL RETURN: Enter 2-character special condition code,
if applicable (see instructions)**Tax Type****Corporation Tax****Unincorporated Business Tax (UBT)**☐ **Business
C Corporations only**☐ **General-Subchapter S
Corporations and
Qualified Subchapter S
Subsidiaries only**☐ **Banking
Subchapter S
Corporations only**☐ **Partnership**☐ **Individuals
Single-Member LLCs,
Estates or Trusts****NYC-2
NYC-2A
NYC-2S****NYC-3L
NYC-3A
NYC-4S
NYC-4SEZ****NYC-1
NYC-1A****NYC-204
NYC-204EZ****NYC-202
NYC-202S
NYC-202EIN**
☐ Check the box if the organization is a corporation and is the common parent of a group that intends to file a combined return. If checked, attach a schedule, listing the name, address and Employer Identification Number (EIN) for each member covered by this application.
Payment Information

For payment amount, refer to the tax form for the tax that you will be filing after the extension period.

Finance forms and instructions are available on line at **NYC.gov/finance**.

Payment Amount

A. Payment

Amount included with form.

Make payable to: NYC Department of Finance.....A.

1. Current Year Estimated Tax 1.

2. If amount on line 1 exceeds \$1,000, enter 25% of line 1
(For S Corporations only -- UBT and C Corporations leave blank
and see instructions) 2.

3. Total of lines 1 and 2 3.

4. Total payments and credits 4.

5. Balance due. Subtract line 4 from line 3 5.

CERTIFICATION OF TAXPAYER OR OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this form, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

Signature: _____

Title (if an officer): _____

Date: _____

**ESTIMATED TAX BY BUSINESS CORPORATIONS
AND SUBCHAPTER S GENERAL CORPORATIONS**

2025

For CALENDAR YEAR 2025 or FISCAL YEAR beginning _____, _____ and ending _____, _____

Print or Type:

Name (If combined filer, give name of reporting corporation) See Instructions		Name Change <input type="checkbox"/>	Taxpayer's Email Address	
In Care of			EMPLOYER IDENTIFICATION NUMBER	
Address (number and street)		Address Change <input type="checkbox"/>	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>	
City and State	Zip Code	Country (if not US)	BUSINESS CODE NUMBER AS PER FEDERAL RETURN	
Business telephone number	Person to contact		<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	

<input type="checkbox"/> Business C Corporations only NYC-2 NYC-2S NYC-2A	<input type="checkbox"/> General-Subchapter S Corporations and Qualified Subchapter S Subsidiaries only NYC-3L NYC-3A NYC-4S NYC-4SEZ
--	---

COMPUTATION OF ESTIMATED TAX

A. Payment		Payment Amount	
Amount included with form - Make payable to: <i>NYC Department of Finance</i>A.			
1. Declaration of estimated tax for current year	1.		
2. Estimated Payment Amount	2.		

**MAILING
INSTRUCTIONS:**

MAIL FORM TO:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3922
NEW YORK, NY 10008-3922

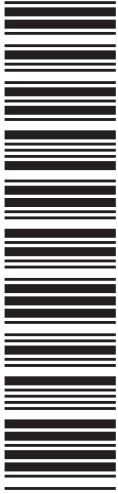
Make remittance payable to the order of:
NYC DEPARTMENT OF FINANCE
Payment must be made in U.S.dollars,
drawn on a U.S. bank.

To receive proper credit, you must
enter your correct Employer Identifi-
cation Number on your declaration
and remittance.

KEEP A COPY OF THIS FORM FOR YOUR RECORDS. SEE INSTRUCTIONS ON PAGE 2.

ELECTRONIC FILING

Register for electronic filing. It is an easy, secure and convenient way to file a declaration and an extension and pay taxes on-line.
For more information log on to **NYC.gov/eservices**



**MANDATORY FIRST INSTALLMENT (MFI)
BY BUSINESS C CORPORATIONS**

2025

For CALENDAR YEAR 2025 or FISCAL YEAR beginning _____, 2025 and ending _____, _____

Print or Type:

Name (If combined filer, give name of designated agent) See Instructions		Name Change <input type="checkbox"/>	Taxpayer's Email Address	
In Care of			EMPLOYER IDENTIFICATION NUMBER	
Address (number and street)		Address Change <input type="checkbox"/>	<div></div> - <div></div>	
City and State	Zip Code	Country (if not US)	BUSINESS CODE NUMBER AS PER FEDERAL RETURN	
Business telephone number		Person to contact		<div></div>

Business C Corporations only. Filing form: NYC-2, NYC-2A, NYC-2S

COMPUTATION OF MANDATORY FIRST INSTALLMENT

A. Payment		Payment Amount	
Amount included with form - Make payable to: NYC Department of FinanceA.			
1. C Corporation tax from the second preceding year	1.		
2. First installment for upcoming year	2.		
3. Credits from prior year	3.		
4. Amount due (line 2 less line 3)	4.		

CERTIFICATION OF AN ELECTED OFFICER OF THE CORPORATION

I hereby certify that this form, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete.

I authorize the Dept. of Finance to discuss this form with the preparer listed below. (See instructions)YES ☐

SIGN HERE	Signature of officer	Title	Date	Firm's email address
PREPARER'S USE ONLY	Preparer's signature	Preparer's printed name	Check if self-employed <input checked="" type="checkbox"/>	Date
				Preparer's Social Security Number or PTIN
				<div></div> - <div></div> - <div></div>
			Firm's Employer Identification Number	
			<div></div> - <div></div>	
▲ Firm's name (or yours, if self-employed)		▲ Address		▲ Zip Code

MAILING INSTRUCTIONS:

MAIL FORM TO:
NYC DEPARTMENT OF FINANCE
P.O. BOX 3929
NEW YORK, NY 10008-3929

Make remittance payable to the order of:
NYC DEPARTMENT OF FINANCE
Payment must be made in U.S.dollars,
drawn on a U.S. bank.

To receive proper credit, you must enter your correct Employer Identification Number on your declaration and remittance.

KEEP A COPY OF THIS FORM FOR YOUR RECORDS. SEE INSTRUCTIONS ON PAGE 2.

ELECTRONIC FILING

Register for electronic filing. It is an easy, secure and convenient way to file a declaration and an extension and pay taxes on-line.

For more information log on to **NYC.gov/eservices**

**DECLARATION OF ESTIMATED
UNINCORPORATED BUSINESS TAX
(FOR INDIVIDUALS, ESTATES AND TRUSTS)**

2025

For CALENDAR YEAR 2025 beginning _____ and ending _____

Print or Type	First name and initial	Last name	Name Change <input type="checkbox"/>	SOCIAL SECURITY NUMBER	
	Business name			[][] - [][] - [][][][]	
	Business address (number and street)			BUSINESS CODE NUMBER AS PER FEDERAL RETURN	
	City and State	Zip Code	Country (if not US)	[][][][] - [][][][][][]	
	Business Telephone Number		Taxpayer's Email Address		ESTATES AND TRUSTS ONLY, ENTER EMPLOYER IDENTIFICATION NUMBER
					[][] - [][][][][][][][][][]

A. Payment	Amount included with form - Make payable to: NYC Department of Finance.....A.	Payment Amount
1. Estimate of 2025 tax.....1.		
2. Amount to be paid with this declaration (Payable to: NYC DEPARTMENT OF FINANCE).....2.		

Signature of taxpayer _____ Title _____ Date _____

To receive proper credit, you must enter your correct Social Security Number or Employer Identification Number on your declaration and remittance.

DETACH ON DOTTED LINE & MAIL UPPER PORTION. RETAIN LOWER PORTION FOR YOUR RECORDS

ESTIMATED TAX WORKSHEET
▼ **KEEP THIS PORTION FOR YOUR RECORDS** ▼

1. Net income from business expected in 2025 (see instructions).....1.	
2. Exemption (see instructions).....2.	
3. Line 1 less line 2 (estimated taxable business income).....3.	
4. Tax - enter 4% of line 3 (see instructions).....4.	
5a. Business Tax Credit (✓) (Check applicable box below and enter credit amount)	
<input type="checkbox"/> Tax on line 4 is \$3,400 or less. Your credit is the entire amount of tax on line 4.	
<input type="checkbox"/> Tax on line 4 is \$5,400 or over. No credit is allowed. Enter "0".	
<input type="checkbox"/> Tax on line 4 is over \$3,400 but less than \$5,400, use formula for credit amount: Tax on line 4 x (\$5,400 minus tax on line 4) 5a. [][] \$2,000	
5b. Other credits (see instructions).....5b.	
5c. Total credits (add lines 5a and 5b).....5c.	
6. Estimated 2025 Unincorporated Business Tax (line 4 less line 5c) Enter here, on line 7b, and on line 1 of declaration above6.	
7a. 2023 Unincorporated Business Tax..7a. [][]	7b. Estimate of 2025 tax from line 6..7b. [][]
COMPUTATION OF INSTALLMENT - (✓) Check proper box below and enter amount indicated. Fiscal year taxpayers see instructions.	
8. If this declaration is due on:	8. } 8.
<input type="checkbox"/> April 15, 2025, enter 1/4 of line 7b	<input type="checkbox"/> Sept. 15, 2025, enter 1/2 of line 7b
<input type="checkbox"/> June 16, 2025, enter 1/3 of line 7b	<input type="checkbox"/> Jan. 15, 2026, enter amount of line 7b
9. Enter amount of overpayment on 2024 return which you elected to have applied as a credit against 2025 estimated tax ...9.	
10. Amount to be paid with this declaration (line 8 less line 9) (Payable to: NYC DEPARTMENT OF FINANCE).....10.	

Make remittance payable to the order of:
NYC DEPARTMENT OF FINANCE
Payment must be made in U.S. dollars,
drawn on a U.S. bank.

MAILING INSTRUCTIONS
MAIL YOUR DECLARATION FORM TO:
NYC DEPARTMENT OF FINANCE
UNINCORPORATED BUSINESS TAX
P. O. BOX 3923
NEW YORK, NY 10008-3923

**PARTNERSHIP DECLARATION OF
ESTIMATED UNINCORPORATED BUSINESS TAX**

2025

For CALENDAR YEAR 2025 or FISCAL YEAR beginning _____, _____ and ending _____, _____

▼ Print or Type ▼	Business name		Name Change <input type="checkbox"/>		Employer Identification Number	
	In Care of				<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> </div>	
	Business address (number and street)		Address Change <input type="checkbox"/>		Business Code Number as per Federal Return	
	City and State	Zip Code	Country (if not US)		<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> </div>	
	Business Telephone Number		Taxpayer's Email Address			

A. Payment		Amount included with form - Make payable to: NYC Department of Finance ..A.		Payment Amount	
1.	Estimate of 2025 tax.....1.				
2.	Amount to be paid with this declaration (Payable to: NYC DEPARTMENT OF FINANCE)2.				

Signature of taxpayer: _____ Title: _____ Date: _____

To receive proper credit, you must enter your correct Employer Identification Number on your declaration and remittance.

DETACH ON DOTTED LINE & MAIL UPPER PORTION. RETAIN LOWER PORTION FOR YOUR RECORDS

ESTIMATED TAX WORKSHEET

▼ **KEEP THIS PORTION FOR YOUR RECORDS** ▼

1.	Net income from business expected in 2025 (<i>see instructions</i>).....1.			
2.	Exemption (<i>see instructions</i>).....2.			
3.	Line 1 less line 2 (estimated taxable business income).....3.			
4.	Tax - enter 4% of line 3 (<i>see instructions</i>).....4.			
5a.	Business Tax Credit (✓) (<i>Check applicable box below and enter credit amount</i>)			
	<input type="checkbox"/> Tax on line 4 is \$3,400 or less. Your credit is the entire amount of tax on line 4. <input type="checkbox"/> Tax on line 4 is \$5,400 or over. No credit is allowed. Enter "0". <input type="checkbox"/> Tax on line 4 is over \$3,400 but less than \$5,400, use formula for credit amount:			
	Tax on line 4 x (\$5,400 minus tax on line 4)5a.			
	\$2,000			
5b.	Other credits (<i>see instructions</i>)5b.			
5c.	Total credits (add lines 5a and 5b).....5c.			
6.	Estimated 2025 Unincorporated Business Tax (line 4 less line 5c) Enter here, on line 7b, and on line 1 of declaration above6.			
7a.	Partnership's 2024 Unincorporated Business Tax 7a. _____	7b.	Estimate of 2025 tax from line 6...7b.	
COMPUTATION OF INSTALLMENT - (✓) Check proper box below and enter amount indicated. Fiscal year taxpayers see instructions.				
8.	<i>If this declaration is due on:</i> <input type="checkbox"/> April 15, 2025, enter 1/4 of line 7b <input type="checkbox"/> Sept. 15, 2025, enter 1/2 of line 7b	8.		
	<input type="checkbox"/> June 16, 2025, enter 1/3 of line 7b <input type="checkbox"/> Jan. 15, 2026, enter amount of line 7b...			
9.	Enter amount of overpayment on 2024 return which you elected to have applied as a credit against 2025 estimated tax. 9.			
10.	Amount to be paid with this declaration (line 8 less line 9) (Payable to: NYC DEPARTMENT OF FINANCE) . 10.			

**Make remittance payable to the order of:
NYC DEPARTMENT OF FINANCE**

**Payment must be made in U.S. dollars,
drawn on a U.S. bank.**

MAILING INSTRUCTIONS
MAIL YOUR DECLARATION FORM TO:
NYC DEPARTMENT OF FINANCE
UNINCORPORATED BUSINESS TAX
P. O. BOX 3923
NEW YORK, NY 10008-3923



CR-Q1
FIRST QUARTER
2024/25

NEW YORK CITY DEPARTMENT OF FINANCE

COMMERCIAL RENT TAX RETURN

Applicable for the tax period June 1, 2024 to August 31, 2024 ONLY

PLEASE PRINT OR TYPE:

Name:	
Address (number and street):	
City and State:	Zip:
Business Telephone Number:	

Employer
Identification
Number.....

--	--

OR

Social
Security
Number.....

--	--	--

ACCOUNT TYPE.....

COMMERCIAL RENT TAX

PERIOD BEGINNING

06-01-24

PERIOD ENDING

08-31-24

DUE DATE

09-20-24

Federal Business Code .

--	--	--	--

**PLEASE READ THE INSTRUCTIONS CAREFULLY SO THAT YOU PAY ONLY THE RIGHT AMOUNT OF TAX.
COMPLETE THIS RETURN BY BEGINNING WITH PAGES 2 AND 3, BUT DO NOT MAIL PAGE 2 AND 3 OR OTHER ATTACHMENTS**

COMPUTATION OF TAX

A. Payment - Pay amount shown on line 4 - Make check payable to: <i>NYC Department of Finance</i>					▼ Payment Enclosed ▼	
LINE	RATE CLASS	NO. OF PREMISES FOR EACH RATE CLASS	TOTAL BASE RENT	TAX RATE	TAX DUE: TOTAL BASE RENT X TAX RATE	
1.	\$0 to \$62,499 (from page 2, line 13)		.00	0%	1.	0 00
2.	\$62,500 and over (from page 2, line 14)		.00	6%	2.	
3.	Tax Credit (from page 2, line 16) (see instructions)		3.			
4.	Small Business Tax Credit (from page 2, line 17) (see instr.) .		4.			
5.	Total credits (line 3 plus line 4)				5.	
6.	Total Remittance Due (line 2 minus line 5). Enter payment amount on line A, above				6.	

**ATTACH REMITTANCE TO THIS FORM AND MAIL TO THE ADDRESS BELOW.
DO NOT ATTACH PAGES 2 OR 3. DO NOT SEND YOUR PAYMENT WITH ANY VOUCHER.**

DID YOUR MAILING ADDRESS CHANGE?

If so, please visit us at nyc.gov/finance and select "Business" in the left column. Select "Update/Change Business Name or Address" from the Online Tools. Update as required.

Mail this return with your payment to:

NYC Dept. of Finance, P.O. Box 3931, New York, NY 10008-3931.

Make remittance payable to the order of "NYC DEPARTMENT OF FINANCE". Payment must be made in U.S. dollars, drawn on a U.S. bank.

To receive proper credit, you must enter your correct Employer Identification Number or Social Security Number on your tax return and remittance.

ELECTRONIC FILING

Register for electronic filing. It is an easy, secure and convenient way to file and pay taxes on-line.
For more information log on to nyc.gov/eservices



NYC-200V

PAYMENT VOUCHER

59 Maiden Lane, 19th Floor
New York, NY 10038-4502
nyc.gov/finance

Business Name
Last Name, First Name
Street Address
City, State, Zip Code, Country (if not US)

EIN/SSN:
PERIOD BEGIN:
PERIOD END:

General Information

File form NYC-200V if you are filing a paper return and there is a balance due. Submit your check with this form. Do not send the check with the return. If you filed your New York City return or extension electronically but did not pay the amount due electronically with the return, you may file a paper NYC-200V with a check, or you may file a Form NYC-200V online and pay online at nyc.gov/eservices.

Your form NYC-200V and payment must be postmarked by the return due date to avoid late payment penalties and interest.

EIN/SSN

Individuals and Single-Member LLCs should file using a Social Security Number. Estates and Trusts and Partnerships should file using an Employer Identification Number.

Payment

The amount you pay should be the amount shown on your e-filed or paper New York City return or extension. Make your check or money order payable in US funds to New York City Department of Finance.

Where to Mail

Mail your payment to:

New York City Department of Finance
P.O. Box 3933
New York, NY 10008-3933

Paying electronically is fast, secure and easy. Go to nyc.gov/eservices for more information.

PLEASE DETACH ALONG THE DOTTED LINE

2021



NYC-200V

PAYMENT VOUCHER

Business Name
Last Name, First Name
Street Address
City, State, Zip Code, Country (if not US)

EIN/SSN:
PERIOD BEGIN:
PERIOD END:

TAX TYPE

FORM NAME

NYC DEPARTMENT OF FINANCE
P.O. BOX 3933
NEW YORK, NY 10008-3933

Payment Amount Enclosed

--

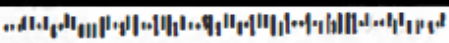
Make Remittance Payable to: NYC Department of Finance

Appendix 5
Outside Collection Agency (OCA) Coupons


Sample 1

OR	
Please make checks payable to NYC Department of Finance and mail to the address below. Please do not send cash.	
COLLECTION ID: 999999	
TOTAL BALANCE DUE: \$ 69.83	
ACCT TYPE: 03	DATE OF PAYMENT <u>2/1/25</u>
AMOUNT ENCLOSED: \$ <u>69.83</u>	
REMIT PAYMENT TO: NYC DEPARTMENT OF FINANCE PO Box 3993 <u>35646</u> New York, NY 10008-3993	
999 008 000000000000999999 12319999 000000000000 03 0000006983 4	

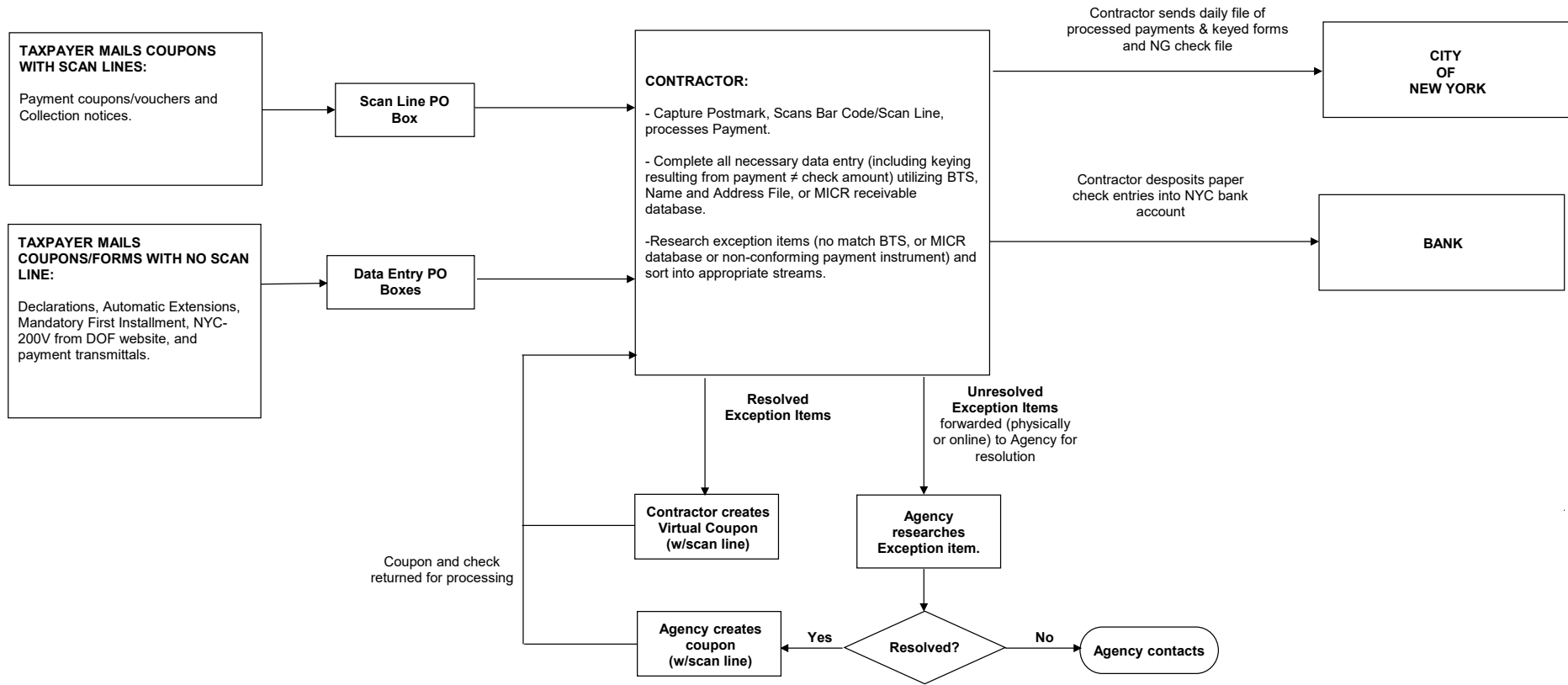
Sample 2

NOTICE: SEE REVERSE SIDE FOR IMPORTANT CONSUMER INFORMATION	
PAYMENT METHOD: <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER ** CHECKS MAY BE ELECTRONICALLY DEPOSITED **	
<small>*The amount outstanding is for the tax warrant judgments limited on this notice. There may be other judgments that are owed by you that are not included on this notice. Save time and pay online at www.nyc.gov/eservices</small>	
ANY TAXPAYER 125 HAVEIT YOUR WAY ALLEN VA 23059-6913	To file a complaint online: http://www1.nyc.gov/site/finance/about/contact-by-email/contact-collection-agency-complaints-page Please make checks payable to NYC Department of Finance
COLLECTION ID#: 0000999999 Payments will be applied to the oldest debt associated with your collection ID AMOUNT DUE: \$57.81 AMOUNT OF CHECK: <u>57.81</u>	REMIT PAYMENT TO:  NYC Dept. of Finance P.O. Box 3646 New York NY 10008-3646
999 008 000000000000999999 12319999 000000000000 03 0000005781 4	

Sample 3

NOTICE: SEE REVERSE SIDE FOR IMPORTANT CONSUMER INFORMATION	
PAYMENT METHOD: <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER ** CHECKS MAY BE ELECTRONICALLY DEPOSITED **	
*The amount outstanding is for the tax warrant judgments identified on this letter. There may be other judgments that are owed by you that are not included on this notice. Save time and pay online at www.nyc.gov/eservices	
ANY TAXPAYER 125 HAVEITOUR WAY ALLEN VA 23059-6913	To file a complaint online: http://www1.nyc.gov/site/finance/about/contact-by-email/contact-collection-agency-complaints-page Please make checks payable to NYC Department of Finance
COLLECTION ID#: 0000999999 Payments will be applied to the oldest debt associated with your collection ID	REMIT PAYMENT TO:  NYC Dept. of Finance P.O. Box 3646 New York NY 10008-3646
AMOUNT DUE: \$57.81 AMOUNT OF CHECK: <input type="text" value="57.81"/>	
999 008 000000000000999999 12319999 000000000000 03 0000005781 4	

Appendix 6 Lockbox Processing Workflow



Appendix 7


Check Exception Processing

Exception Description	Resolution
Incorrect payee – any item made payable to payee other than Department of Finance, Commissioner of Finance, NYC Tax Dept., Agency of New York, or Agency Collector	Present to the Agency utilizing a web portal to view a decision.
Postdated Check.	Deposit Check.
Legal/courtesy amount missing.	Present to the Agency utilizing a web portal to view a decision.
Check not payable by a U.S. bank or in U.S. Dollars	Return check to agency.
Date is missing on check.	The check is to be stamped “Date Guaranteed” and deposited.
Check is stale dated.	Return check to agency.
Legal amount does not equal courtesy amount.	Deposit check for the amount on the check that agrees with the amount due on coupon.
Legal amount does not equal courtesy amount and neither amount equals coupon amount.	Deposit the check for the legal amount.
Check has no courtesy amount and no legal amount.	Return check to Agency.
Check has no payee.	Payee field is to be filled in with “NYC Department of Finance” and deposited.
Check is not signed.	Check is to be stamped “Signature Guaranteed” and deposited.
Check is damaged and/or MICR line is damaged and cannot be repaired.	Return check to Agency.

Appendix 8

BTCS File Format

NYC CRQ – Commercial Rent Tax Return

	CR-Q1 FIRST QUARTER 2021/22	NEW YORK CITY DEPARTMENT OF FINANCE COMMERCIAL RENT TAX RETURN Applicable for the tax period June 1, 2021 to August 31, 2021 ONLY
---	---	---

PLEASE PRINT OR TYPE:		Employer Identification Number.....	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">2</div>
Name:		OR Social Security Number.....	
Address (number and street):		<div style="border: 1px solid black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;">3</div>	
City and State:	Zip:	ACCOUNT TYPE..... COMMERCIAL RENT TAX PERIOD BEGINNING..... 06-01-21 PERIOD ENDING..... 08-31-21 DUE DATE..... 09-20-21	
Business Telephone Number:		Federal Business Code .	

PLEASE READ THE INSTRUCTIONS CAREFULLY SO THAT YOU PAY ONLY THE RIGHT AMOUNT OF TAX.
 COMPLETE THIS RETURN BY BEGINNING WITH PAGES 2 AND 3, BUT DO NOT MAIL PAGE 2 AND 3 OR OTHER ATTACHMENTS

COMPUTATION OF TAX					
A. Payment - Pay amount shown on line 4 - Make check payable to: <i>NYC Department of Finance</i>		Payment Enclosed			
LINE	RATE CLASS	NO. OF PREMISES FOR EACH RATE CLASS	TOTAL BASE RENT	TAX RATE	TAX DUE: TOTAL BASE RENT X TAX RATE
1.	\$0 to \$62,499 (from page 2, line 13)	4	5	.00 0%	1. 0 00
2.	\$62,500 and over (from page 2, line 14)	6	7	.00 6%	2. 8
3.	Tax Credit (from page 2, line 16) (see instructions) 3.				
4.	Small Business Tax Credit (from page 2, line 17) (see instr.) - 4.				
5.	Total credits (line 3 plus line 4)				5.
6.	Total Remittance Due (line 2 minus line 5). Enter payment amount on line A, above				6. 9

Data Entry Requirements

1. **Period End Date** – Keyed from form.
2. **EIN** – Key from form. Only one should be present.
3. **SSN** – Keyed from form. See details above.
4. **No. of Premises for Each Rate Class** – Key from Line 1.
5. **Total Base Rent Line 1** – Key from form Line 1.
6. **No. of Premises for Each Rate Class** – Key from Line 2.
7. **Total Base Rent Line 2** – Key from form Line 2.
8. **Tax Due** – Key from line 2.
9. **Total Remittance Due** – Key from line 6.
10. **Is this a Money Order (Y or N)**- from payment instrument.

WLI Fields

Field Name	WLI Tag	Position on File
Check Amount		From check
Check Number		From check
Checking ABA Number		From check
Checking Account Number		From check
Taxpayer ID	COMPANYID	Keyed from form
Period End Date	INVOICE DATE	Keyed from form
In Date	POSTDATE	Keyed from envelope (not required for this form)
ID Type Code for Gen Tax and Voucher type for Fair Tax	ACCOUNTID	System Generated
Trans ID / External ID	ITEMNUMBER	System Generated
Media Number	Misc Fld5	System Generated
<u>Total Base Rent</u>	Misc.Amt3	From Form
Total Amount Due	INV Total	From Form
Money Order	Check Type	(Y or N)

ID Type

ID Type Codes	Id Type	Description	Format
001	FEIN	Federal Employment Identification Number issued by the IRS	NN-NNNNNNNN
002	SSN	Social Security Number as issued by the Social Security Administration	NNN-NN-NNNN

Commercial Rent Tax File Format

Record Type	Field #	Data Type	Length	Start	End	Description	Format
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File Header

PMTFHR	1	Record Type	6	1	6	Record Identifier	"PMTFHR"
PMTFHR	2	File Name	40	7	46	Name of file specific by box	NYCBETGEN_CRQ_ "Lockbox Number" _MMDDYY.TXT
PMTFIR	3	Deposit Date	8	47	54	File deposit date	MMDDYYYY

Batch Header

PMTHDR	1	Record Type	6	1	6	Record Identifier	"PMTHDR"
PMTHDR	2	Batch Date	8	7	14	Date the payment batch was created.	MMDDYYYY
PMTHDR	3	Postmarked Date	8	15	22	Date the payments in the batch Processing Date	MMDDYYYY
PMTHDR	4	Deposit Date	8	23	30	Date the payments in the batch were deposited.	MMDDYYYY

PMTHDR	5	Batch Number	11	31	41	A unique number identifying the batch created by the bank.	Numeric, right justify "0" fill.
PMTHDR	6	Total Payments	7	42	48	Number of payments in the payment batch.	Numeric, right justify "0" fill.
PMTHDR	7	Total Payment Amount	13	49	61	Total amount of the payments in the batch.	Numeric, Right Justify 0' fill. The right 2 numbers are reserved for decimal places

Record Type	Field #	Data Type	Length	Start	End	Description	Format
Detail Record							
PMTITM	1	Record Type	6	1	6	Record Identifier	"PMTITM"
PMTITM	2	Sequence	3	7	9	Sequence number for a payment item in the batch. (Start at "001" for the first item and increment for each additional item).	Numeric, right justify "0" fill.
PMTITM	3	Id Type	3	10	12	Number representing the ID Type. See table on page 9 for codes	Numeric, right justify "0" fill.
PMTITM	4	Taxpayer ID Number	17	13	29	Contains the corresponding ID for the given ID type.	Numeric, right justify "0" fill.
PMTITM	5	Account Type Code	3	30	32	This is a constant "040"	Numeric, right justify "0" fill. "040"
PMTITM	6	Voucher Type	2	33	34	"04"	Numeric, right justify "0" fill.
PMTITM	7	Period End Date.	8	35	42	Keyed from form	MMDDYYYY
PMTITM	8	Payment Amount	13	43	55	Amount of the payment item.	Numeric, Right Justify 0' fill. The right 2 numbers are reserved for decimal places

Record Type	Field #	Data Type	Length	Start	End	Description	Format
PMTITM	9	Media Number	11	56	66	Zero fill.	Numeric, right justify "0" fill.
PMTITM	10	Routing Number	9	67	75	Check Routing Number the payment comes from.	Right justified zero fill
PMTITM	11	Account Number	34	76	109	Check Account Number the Payment comes from.	Left Justified blank
PMTITM	12	Check Number	30	110	139	Check number of the payment.	Left Justified blank fill.
PMTITM	13	External Id	50	140	189	Bank Identifier used to link payment with payment imaging.	Numeric, Left Justified Blank Fill For Lockbox LLLLLLLMMDDYYYYBBBBBBBBBSSSS - L=Lockbox, MMDDYY = Deposit Date BBBBSSSS = Batch and Sequence Number
PMTITM	14	Indate / (Postmark Date)	8	190	197	If keyed or entered through online decision making. If no post mark was entered use 12319999.	MMDDYYYY
PMTITM	15	No. of Premises Line 1	7	198	204	Keyed from form	Amount from Line 1
PMTITM	16	Total Base Rent Line 1	10	205	214	Keyed from form	Amount from Line 1
PMTITM	17	No. of Premises Line 2	7	215	221	Keyed from form	Amount from Line 2
PMTITM	18	Total Base Rent Line 2	10	222	231	Keyed from form	Amount from Line 2
PMTITM	19	Tax Due	10	232	241	Keyed from form	Amount from Line 2

PMTITM	20	Total Remittance Due	10	242	251	Keyed from form	Amount from Line 6
PMTITM	21	Money Order	1	252	252	Is the payment a money order?	Default is N, Y if it is a Money Order

Record Type	Field #	Data Type	Length	Start	End	Description	Format
PMTBTR	1	Record Type	6	1	6	Record Identifier	"PMTBTR"
PMTBTR	2	Number of records	7	7	13	The number of payment items in the batch.	Numeric, right justify "0" fill.
PMTBTR	3	Total Payment Amount	13	14	26	Total amount of the payments in the batch.	Numeric, Right Justify 0' fill. The right 2 numbers are reserved for decimal places

File Footer

PMTFTR	1	Record Type	6	1	6	Record Identifier	"PMTFTR"
PMTFTR	2	Number of records	7	7	13	The number of records in the file including the file header, batch headers, detail records, batch control trailers and the file control trailer	Numeric, right justify "0" fill.
PMTFTR	3	Total Payment Amount	13	14	26	Total amount of the payments in the file.	Numeric, Right Justify 0' fill. The right 2 numbers are reserved for decimal places

System	
Data Capture (Coupon or Key)	
Check	