

# KYROUS REALTY GROUP, INC.

263 West 38<sup>th</sup> Street ♦ Suite 15E ♦ New York, NY 10018

Phone: 212.302.1500 ♦ Fax: 212.302.3855

---

## 34-36 East 10<sup>th</sup> Street Corporation-Purchase Requirements

Please submit. All of one (1) original and five (5) collated copies and deliver to Kyrus Realty Group, Inc., 263 West 38<sup>th</sup> Street, Suite 15E, New York, NY 10018. DO NOT DUPLICATE HOUSE RULES. Please retain the copy included in this package for your information.

Copies of all Financial Materials furnished will be returned to the applicant or destroyed.

**\*MAXIMUM FINANCING PERMITTED: SEVENTY PERCENT (70%) OF THE PURCHASE PRICE.**

1. Purchase Application (enclosed).
2. Executed Contract of Sale.
3. Net Worth Statement. Provide supportive documentation (enclosed).
4. Last two (2) year's signed Income tax Returns (include W-2's).
5. Signed Credit Report Release.
6. Letter from current landlord/management agent verifying status of tenancy.
7. Letter from current employer verifying salary, position length of employment and likelihood of continued employment OR Letter from your Accountant, if self-employed.
8. Employment History (last 10 years).
9. Three (3) personal letters of recommendation for each person to be named on the proprietary lease.
10. Two (2) Professional reference letters.
11. Letter of financial reference.
12. Copies of Checking & Savings Account Statement for past three (3) months.
13. Window Guard/ Lead Paint Disclosure Forms.
14. Copy of Mortgage Commitment Letter.
15. Three (3) original AZTECH Recognition Agreements signed by the lender.
16. Acknowledgement of Move-In policy.
17. Acknowledgement of House Rules.
18. Completed Shareholder's Information Form.

---

Schedule of Fees-Due with Application

---

1. Move-out Deposit: \$1,250.00 Check (\$1,000.00 Refundable), payable to 34-36 East 10<sup>th</sup> Street Corporation. This check will be returned to the seller after the move-out is complete. In case of damage to the building, the cost of repairs will be deducted from this deposit. This check must be in the form of a certified check or money order.
2. Move-in Deposit: \$1,250.00 Check (\$1,000.00 Refundable), payable to 34-36 East 10<sup>th</sup> Street Corporation. This check will be returned to the purchaser after the move-in is complete. In case of damage to the building, the cost of repairs will be deducted from this deposit. This check must be in the form of a certified check or money order.
3. Application Processing Fee: \$550 certified check or money order payable to Kyrour Realty Group, Inc.
4. Credit Check Fee: \$75.00 per applicant. This check is non-refundable and made payable to Kyrour Realty Group, Inc. This check must be certified check or money order.

---

Closing Fees - To Be Paid at Closing (DO NOT REMIT WITH APPLICATION)

---

1. All fees must be paid by Certified Check, Money Order, or Attorney Escrow Check.
2. All closings take place at the office of Building's Attorney:

Howard Justvig, Esq.  
69-08 Utopia Parkway  
Fresh Meadows, NY 11365  
(718) 591-5528

3. Flip Tax: One and Five percent (1.5%) of purchase price, payable by the seller. Payable to 34-36 East 10<sup>th</sup> Street Corporation.

Please note that there are additional fees for messenger service, etc.

**\*INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

To: All Tenants/ Shareholders and Prospective Tenant/ Shareholders  
34-36 East 10<sup>th</sup> Street  
New York, NY 10003

Re: Move-In and Move-Out Procedures

Move-In: May begin after 9:00 a.m., on Monday through Friday (except on Holidays) but in no event later than 12:00 p.m., and must be completed no later than 5:00PM of the same day.

Move-Out: May begin after 9:00AM and must be completed by 5:00PM on Monday through Friday (except Holidays).

Move-in and move-outs will be monitored by building personal. The individual will control access to the building and the use of the lobby and the elevator by the moving company during the move. A fee in the amount of \$75.00 per hour, with a minimum of \$200.00 will be charged to the shareholder and must be paid upon billing. If the fee is not paid upon billing it will be deducted from the shareholder's move in/move out deposit if not paid upon request.

Security Deposit: \$1,250.00 security deposit shall be required to moving in or moving out. Of this deposit, \$1,000.00 will be refunded immediately following conclusion of the move. If no damage has been done to the common areas of the building. The building will retain \$250.00 as a fee.

Scheduling: All moves must be scheduled through Kyrour Realty Group, Inc. Please call the office at (212) 302-1500.

Insurance: Movers must be both licensed and insured. The moving company must submit an insurance certificate naming 34-36 East 10<sup>th</sup> Street Corp. and Kyrour Realty Group, Inc. as the additional insured. The insurance coverage must be the Managing Agent's satisfaction.

The Board of Directors and Management request your full cooperation with these procedures and have directed the superintendent and his staff to strictly enforce them.

These procedures will also apply to the delivery or pick up of furniture, except that the deposit requirement may be waived at the discretion of the Managing Agent.

I/ We have received and read a copy of the Move-In / Move-Out Procedures.

Signature \_\_\_\_\_ Apt.# \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Apt.# \_\_\_\_\_ Date \_\_\_\_\_

## IMPORTANT NOTICE

### *Please Read Carefully*

Kyrous Realty Group, Inc. realizes that this application contains sensitive personal information. We require the social security number for each applicant (and each other adult occupant of the apartment) on the authorization to obtain Credit Report Information (see Credit Report Release). This is the only place on the application requiring a social security number, but social security numbers may be contained on other documents that you are submitting (e.g. tax returns, contracts of sale). Before submitting these documents, please blacken out or otherwise obliterate the social security number as Kyrous Realty Group, Inc. cannot be responsible for the security of this information if it is included in these documents.

Transaction Summary Page  
34-36 East 10<sup>th</sup> Street

Apartment Number: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Amount Financed: \_\_\_\_\_

Shares: \_\_\_\_\_

Flip Tax: 1.5%

Seller Information:

Name: \_\_\_\_\_

Attorney: \_\_\_\_\_

Broker: \_\_\_\_\_

Buyer Information:

Name: \_\_\_\_\_

Attorney: \_\_\_\_\_

Broker: \_\_\_\_\_

Financing Information:

If financing,  
Name of Lender or Mortgage Broker:

\_\_\_\_\_

## APPLICATION TO PURCHASE COOPERATIVE SHARES

TO: Board of Directors

The undersigned hereby submit this Application to purchase the shares and proprietary lease appurtenant to Apartment \_\_\_\_\_ in 34-36 East 10<sup>th</sup> Street Corp. (the Corporation) in the building located at 34-36 East 10<sup>th</sup> Street, New York, NY. We/I hereby acknowledge our/my understanding of the following:

1. Pursuant to authority granted in the Corporation's By-Laws and the Proprietary Lease, the Board of Directors will utilize this Application to obtain background information regarding the proposed purchaser(s) of the shares and lease.

2. The Board of Directors may require additional information and will require that the applicant(s) appear for a personal interview.

3. The proposed purchase cannot be consummated without the Board's approval.

4. We/I have read the By-Laws, Proprietary Lease and House Rules which govern the occupancy of the Apartment and which would govern the occupancy by the applicant and we/I agree to be bound by them if this Application is accepted and we/I acquire the share and lease.

5. In no event will the Corporation, the Board of Directors or its agents be responsible for any liabilities or expenses incurred by an applicant if the Board refuses to approve the purchase.

6. Subject to the requirements of the Proprietary Lease and By-Laws, while the Board of Directors will attempt to promptly review all applications, the Corporation, the Board of Directors and its agents assume no responsibility for expenses or liabilities resulting from any delay in its review.

7. Falsification of any of the enclosed information, or omission of material information herefrom, may result, without limitation, in revocation of the Board of Directors' approval and termination of the applicant's right to purchase the shares and lease.

The undersigned hereby authorize(s) the Board of Directors and its agents to contact any of the employers, banks, landlords, educational institutions, references, etc. described herein in order to elicit information bearing upon this Application.

The undersigned acknowledges that, if this Application is accepted, the undersigned will not, without the prior written consent of the Board of Directors: make structural alterations to the Apartment; use the Apartment for other than residential purposes; or violate any provision of the Proprietary Lease, House Rules, or By-Laws. The undersigned acknowledges that the undersigned is acquiring the Apartment in an "as is" condition and that the applicant is responsible for all repairs to the Apartment.

The Applicant has been advised by the seller that the seller has no claims against the Corporation of the Board of Directors that could lead to litigation after the closing.

The undersigned confirms the accuracy of all of the information contained herein.

Applicant(s) Signature(s): \_\_\_\_\_

# KYROUS REALTY GROUP, INC.

263 West 38<sup>th</sup> Street ♦ Suite 15E ♦ New York, NY 10018

Phone: 212.302.1500 ♦ Fax: 212.302.3855

---

## Purchase Application

---

Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Present  
Address: \_\_\_\_\_

SS#: \_\_\_\_\_

SS#: \_\_\_\_\_

Years at this address: \_\_\_\_\_

Apartment to be occupied by:  
Applicant(s)  Yes  No

Do you own your present residence?  
Yes  No

Occupants \_\_\_\_\_

### CURRENT EMPLOYER INFORMATION:

Employer: \_\_\_\_\_

Business  
Address: \_\_\_\_\_

Relationship \_\_\_\_\_

Nature of Business: \_\_\_\_\_

### PREVIOUS EMPLOYER INFORMATION:

Employer: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Business  
Address: \_\_\_\_\_

Position: \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_

### SPOUSE'S EMPLOYER INFORMATION:

Length of Employment: \_\_\_\_\_

Employer: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Business  
Address: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Office Phone: \_\_\_\_\_

### BROKER INFORMATION:

Position: \_\_\_\_\_

Name: \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_

Address: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

---

Application: 34-36 East 10<sup>th</sup> Street Corporation

ATTORNEY INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Are there any outstanding judgments against you? Yes  No

If Yes, please explain: \_\_\_\_\_

Do you have any diplomatic immunity or other special status? Yes  No

If Yes, please explain: \_\_\_\_\_

Have you ever declared bankruptcy or are involved in a bankruptcy procedure? Yes  No

If Yes, please explain: \_\_\_\_\_

Names of all clubs and society memberships, fraternities and honorary societies to which applicant belongs:

\_\_\_\_\_

Schools and colleges attended by husband, wife and children: \_\_\_\_\_

\_\_\_\_\_

Names of all residents in the building known by the applicant: \_\_\_\_\_

\_\_\_\_\_

Does applicant wish to maintain any pets in the apartment, and if so, please specify with full information:

\_\_\_\_\_

Do you own or rent another residence, and if so, where? \_\_\_\_\_

\_\_\_\_\_

PERSONAL & BUSINESS REFERENCES

---

PERSONAL REFERENCE#1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_



PERSONAL REFERENCE#2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

CLOSEST LIVING ADULT RELATIVE

*(Not intending to reside with Applicant)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

---

EMERGENCY CONTACT INFORMATION

---

APPLICANT INFORMATION:

Person to call in the event of an emergency

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Residence Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

BUSINESS REFERENCES

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Person to verify Applicant's Employment or Applicant's Supervisor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

---

FINANCIAL REFERENCES

---

PERSONAL ACCOUNTS: CHECKING

Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Address: \_\_\_\_\_

PERSONAL ACCOUNTS: CHARGE CARD#1

Account Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

PERSONAL ACCOUNTS: CHARGE CARD#2

Account Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

PERSONAL ACCOUNTS: CHARGE CARD#3

Account Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

PERSONAL ACCOUNTS: CHARGE CARD#4

Account Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

PERSONAL ACCOUNTS: SAVINGS

Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Address: \_\_\_\_\_

BUSINESS ACCOUNTS: CHECKING

Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Address: \_\_\_\_\_

## NET WORTH STATEMENT

The following is submitted as being a true and accurate statement of the financial condition of the undersigned on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Attach additional pages if necessary.

ASSETS	Applicant	Co-Applicant	LIABILITIES	Applicant	Co-Applicant
Cash in banks			Notes Payable:		
Money Market Funds			To Banks		
Contract Deposit			To Relatives		
Investments: Bonds & Stocks <i>(See schedule)</i>			To Others		
Investment in Own Business			Installment Accounts Payable:		
Accounts and Notes Receivables			Automobile		
Real Estate Owned <i>(See schedule)</i>			Other		
Automobiles: Year: Make:			Other Accounts Payable		
Personal Property & Furniture			Mortgages Payable on Real Estate <i>(see schedule)</i>		
Life Insurance Cash Surrender Value			Unpaid Real Estate Taxes		
Retirement Funds/IRA			Unpaid Income Taxes		
401K			Chattel Mortgages		
KBOGH			Outstanding Credit Card Loans		
Profit Sharing/Pension Plan			Other Debts <i>(itemize)</i>		
Other Assets			<b>TOTAL LIABILITIES</b>		
<b>TOTAL ASSETS</b>			<b>NET WORTH</b>		
<b>COMBINED ASSETS</b>			<b>COMBINED NET WORTH</b>		

Application: 34-36 East 10<sup>th</sup> Street Corporation

SOURCE OF INCOME	Applicant	Co-Applicant	CONTINGENT LIABILITIES	Applicant	Co-Applicant
Base Salary			Endorser or Co-maker on Notes		
Overtime Wages			Alimony Payments (Annual)		
\$Bonus & Commissions			Child Support		
\$Dividends and Interest Income			Defendant in any legal action?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Income (itemize)			Any unsatisfied judgments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>TOTAL</b>			Ever filed for bankruptcy	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>COMBINED TOTAL</b>			<b>Explain</b>		

PROJECTED COMBINED MONTHLY EXPENSES	Applicants
Maintenance	
Apartment Finanoing	
Other Mortgages	
Bank Loans	
Auto Loan	
<b>TOTAL</b>	

**SCHEDULE OF STOCKS AND BONDS**

Amount of Shares	Description (Extended Valuation in Column)	Marketable Value	Non-Marketable Value

**SCHEDULE OF REAL ESTATE**

Description	Cost	Actual Value	Mortgage Amount	Maturity Date

**SCHEDULE OF NOTES PAYABLE**

Specify any assets pledged as collateral, including the liabilities they secure:

To Whom Payable	Date	Amount	Due	Interest	Pledged As Security

The foregoing statements and details pertaining thereto, both printed and written, have been carefully read and the undersigned hereby solemnly declares and certifies that the same is a full and correct exhibit of my/our financial condition.

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

---

CREDIT REPORT RELEASE

---

I (we) hereby authorize Kyrour Realty Group, Inc., on behalf of 34-36 East 10<sup>th</sup> Street Corporation to request and receive any and all information from any credit bureaus, previous employers, law enforcement agencies, and references.

I (we) will hold harmless and/or release Kyrour Realty Group, Inc. and 34-36 East 10<sup>th</sup> Street Corporation from any and all claims and liability which may arise now or in the future with regard to the obtaining or the releasing of the above stated information for the purpose of obtaining credit checks, and criminal activity checks.

Each Applicant must complete a Credit Report Release.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Employer's Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

\*Duplicate for Additional Applicants

---

Application: 34-36 East 10<sup>th</sup> Street Corporation

To: All Tenants/ Shareholders and Prospective Tenant/ Shareholders  
34-36 East 10<sup>th</sup> Street  
New York, NY 10003

Re: Move-In and Move-Out Procedures

Move-In: May begin after 9:00AM, on Monday through Friday (except on Holidays) but in no event later than 12:00 PM and must be completed no later than 5:00PM of the same day.

Move-Out: May begin after 9:00AM and must be completed by 5:00PM on Monday through Friday (except Holidays).

Security Deposit: \$1,250.00 security deposit shall be required to moving in or moving out. Of this deposit, \$1,000.00 will be refunded immediately following conclusion of the move. If no damage has been done to the common areas of the building. The building will retain \$250.00 as a fee.

Scheduling: All moves must be scheduled through Kyrous Realty Group, Inc. Please call the office at (212) 302-1500.

Insurance: Movers must be both licensed and insured. The moving company must submit an insurance certificate naming 34-36 East 10<sup>th</sup> Street Corp. and Kyrous Realty Group, Inc. as the additional insured. The insurance coverage must be the Managing Agent's satisfaction.

General: Shareholders need to be on the premises during all moves. The elevator and the lobby area must be protected by your moving company to the satisfaction of the building superintendent, James Gales, tel. (917) 299-6969. Movers must be instructed to release the elevator between trips to permit other resident's access to the elevator.

The Board of Directors and Management request your full cooperation with these procedures and have directed the superintendent and his staff to strictly enforce them.

These procedures will also apply to the delivery or pick up of furniture, except that the deposit requirement may be waived at the discretion of the Managing Agent.

I/ We have received and read a copy of the Move-In / Move-Out Procedures.

Signature \_\_\_\_\_ Apt.# \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Apt.# \_\_\_\_\_ Date \_\_\_\_\_



HOUSE RULES

One. The public halls and stairways of the building shall not be obstructed or used for any other purpose than ingress to and egress from the separate floors in the building, and the fire towers and fire escapes shall not be obstructed in any way.

Two. The lessees and occupants of the building and each lessee's guests, employees, sub-tenants or any other person or persons in the building at the invitation of, or with the permission of, or on behalf of one of the aforesaid, will observe and comply with such rules as the Lessor may prescribe for the safety, care and cleanliness of the building and the comfort, quiet and convenience of other occupants of the building.

Three. No lessee shall make or permit any disturbing noises in the building or do or permit anything to be done therein which will interfere with the rights, comforts or conveniences of other lessees or occupants. No lessee shall play upon or suffer to be played upon any musical instrument or permit to be operated a phonograph or a radio or television loudspeaker in such lessee's floor between the hours of eleven o'clock P.M. and the following nine o'clock A.M., if the same disturb or annoy other occupants of the building. No lessee shall permit to be conducted vocal or instrumental practice, nor give or permit to be given vocal and instrumental instruction at any time, without the written consent of the Lessor.

Four. The Lessor may retain a passkey to each floor. No lessee shall alter any lock or install a new lock or a knocker on any door of a floor without the written consent of the Lessor. In case such consent is given the lessee shall provide the Lessor with a key for the use of the Lessor pursuant to the Lessor's right of access to the demised premises.

Five. No article shall be placed in the public halls, stairways, landings or fire towers, nor shall anything be hung or shaken from the doors, window's, terraces or balconies or placed upon the window sills of the building.

Six. No shades, awnings, window guards, replacement windows, ventilators, window coverings or decorations shall be used in or about the building except such as shall have been approved by the Board of Directors of the Lessor.

Seven. Each lessee shall keep the windows of the unit clean. In case of refusal or neglect of the lessee after ten day's notice in writing from the Lessor to clean the windows, such cleaning may

be done by the Lessor, who shall have the right by its officers or authorized agents, to enter the apartment for the purpose and to charge the cost of such cleaning to the lessee.

Eight. No sign, notice, signal, advertisement or illumination shall be inscribed or exposed on or at any window or other part of the building, except such as shall have been approved in writing by the Lessor; nor shall anything be projected out of any window of the building without similar approval.

Nine. No group tour or exhibition of any floor or its contents shall be conducted, nor shall any auction sale be held in any apartment without the consent of the Lessor or its managing agent.

Ten. Messengers and tradespeople shall use such means of ingress and egress as shall be designated by the Lessor. The lessee shall be responsible for any damages caused by their licensee which includes but is not limited to messengers, delivery personnel, tradespeople and house guests.

Eleven. No move in or out of the building shall be made without prior written consent of the Board of Directors. The Board of Directors shall impose a deposit to be applied against any resulting damages. All moves are required to be personally supervised by the lessee. There is a nominal charge for all moves for building superintendent services. The lessee is responsible for insuring that the lobby floor is covered and that lobby and elevator walls are protected during all moves.

Twelve. No baby carriages, bicycles, scooters or similar vehicles, shopping carts or laundry carts or baskets shall be allowed to stand in the public halls, passageways, stairways areas or rear court of the building.

Thirteen. Water closets and other water fixtures in the building shall not be used for any purpose other than those for which they were constructed, nor shall any sweepings, rubbish, rags or any other article be thrown into the same. Any damage resulting from misuse of water closets or other plumbing fixtures shall be borne by the lessee by whom or in whose floor it shall have been caused.

Fourteen. No bird, reptile or animal shall be kept or harbored in the building unless the same in each instance be expressly permitted in writing by the Board of Directors of Lessor. Dogs and cats will not be permitted on elevators or in any of the public portions of the building unless carried or on leash. No pigeons or other birds shall be fed from windows or in the yard, court spaces or other public portions of the building or on the sidewalk or street adjacent to the building. Should any bird, reptile or animal previously permitted by the Board of Directors to be kept or harbored in the building subsequently prove to be a nuisance and be declared such by the Board of Directors, the Lessee shall dispose of the same within ten (10) days after being given notice by the Board of Directors to do so.

Fifteen. All construction shall be approved in writing by the Board of Directors. The Board shall at its sole discretion determine whether the contemplated construction constitutes an alteration. Should the Board determine that the construction constitutes an alteration, the lessee shall execute the Board approved alteration agreement. No construction work shall commence until the Board approves the executed alteration agreement.

Sixteen. No radio or television aerial shall be attached to or hung from the exterior of the building without the written approval of the Lessor.

Seventeen. The agents of the Lessor, and any contractor or workman authorized by the Lessor, may enter any floor at any reasonable hour of the day for the purpose of controlling any plumbing problems or inspecting such floor to ascertain whether measures are necessary or desirable to control or exterminate any vermin, insects or other pests and for the purpose of taking such measures as may be necessary to control or exterminate any such vermin, insects or other pests.

Eighteen. Notification of the Board shall be given in the circumstance when the unit is occupied by a guest of the lessee when the lessee is not present. Notification of the Board shall also be given if the lessee hosts a group gathering of more than twenty persons.

Nineteen. Except as herein otherwise provided, the Lessor shall have the right from time to time to curtail or re-locate any space devoted to storage or laundry purposes.

Twenty. Any consent or approval given under these House Rules by the Lessor shall be revocable at any time.

Twenty-one. Children shall not play in the public halls, stairways, roof, fire towers, elevator, or on the sidewalk in front of the building.

Twenty-two. Washing machines and dryers shall be approved for installation and use by the Managing agent. Lessee must ensure that the dryer is properly vented. The lessee shall not dry or air clothes on the roof or terrace.

Twenty-three. No agent or employee of the Lessor shall be sent out of the building by the lessee at any time for any purpose.

Twenty-four. No public hall of the building shall be decorated or furnished by any lessee in any manner without prior consent of a majority in number of all the lessees for whose floors such hall serves as a means of ingress and egress and without the approval of the Board of Directors.

Twenty-five. All complaints regarding the services of the building shall be made in writing to the Managing Agent, and to the President of the Lessor Corporation.

Twenty-six. Each lessee shall keep his floor in a good state of preservation and cleanliness and shall not sweep or throw, or permit to be swept or thrown therefrom or from the doors, windows, terraces or balconies thereof, any dirt or other substance.

Twenty-seven. Garbage and refuse from the floors shall be disposed of only at such times and in such manner as the superintendent or Managing Agent of the building may direct. The lessee is required to abide by the building recycle and garbage disposal rules. All cans, bottles, plastics and other recyclables of the like shall be cleaned and placed in the recycle container located in the recycle room. Newspapers shall be tied in bundles and placed neatly in recycle room. All other refuse shall be discarded in heavy large size garbage bags securely tied and placed in the garbage room.

Twenty-eight. No lessee shall employ workmen to do any work in the floor on Saturdays, Sundays, at holidays, or during the hours prior to nine o'clock A.M. or after four o'clock P.M. on other days.

Twenty-nine. No ventilator or air conditioning device shall be installed by any lessee without the written consent of the Lessor as to the type, location and manner of installation of such

device. No lessee shall permit any such device to leak, nor to make any noise which disturbs or interferes with the rights, comfort or convenience of any occupant of any other floor. If any lessee shall fail to keep such a device in good order and repair, the Lessor in its discretion may remove such device and charge the cost of removal to such lessee and such device may not be replaced until put in proper condition by such lessee and then only with the further written consent of the Lessor.

Thirty. The roof shall not be deemed public space and shall not be used for recreational purposes of any kind.

Thirty-one. No furniture, mattresses, personal belongings or inflammables of any kind shall be stored within the storage room. Only empty, properly locked and tagged trunks or luggage shall be stored within said room. All stored articles must be plainly marked with the name of the owner. All articles are stored at the lessee's risk and must be removed promptly upon notice to remove by the Lessor. In the event any such articles are not removed by the lessee within three (3) days following the giving such notice to remove, the Lessor shall have the right to have such articles removed as rubbish, and shall have no liability on account of any such removal.

Thirty-two. Lessee shall obtain an insurance policy covering personal property and liability. In the event of damage caused to personal property of the lessee by a common element of the building, the lessor shall pay a maximum of \$250.00 toward the lessee's insurance deductible.

Thirty-three. These house rules shall be binding not only on all lessees but also, where applicable, on the agent, employees, sub-tenants, guests and members of the families of lessee and on all occupants of floors. Neither the superintendent of the

building nor any other employee of the Lessor, shall have the authority to give any consent or approval which may be given under these House Rules.

Thirty-four. The lessee shall not install any planting beds or potted plants, shrubs or trees or erect any structure on the roof or on any terrace or affix anything to the roof or adjacent walls of the building without the prior written consent of the Lessor, and anything so installed, affixed or erected if not promptly removed by the lessee upon the request of the Lessor may be removed by the Lessor or its managing agent without any liability to the lessee and at the lessee's expense. No cooking shall be permitted on any terraces, balconies or roofs of the building, nor shall the walls thereof be painted by lessees without the prior written approval of lessor.

Thirty-five. The terms used in these House Rules shall have the same respective meaning given to such terms in the proprietary lease to which these House Rules are attached.

Thirty-six. These House Rules may be added to, amended or repealed at any time by resolution of the Board of Directors or by vote of the holders of two-thirds of the outstanding shares of the Lessor.

KYROUS REALTY GROUP, INC.  
Real Estate Management

---

August 30, 2018

All Shareholders  
34-36 East 10 Street Corp.  
34-36 East 10 Street  
New York, NY 10003

Re: Local Law 147

Dear Shareholder:

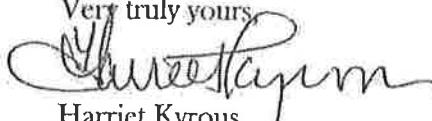
In August 2017, New York City passed Local Law 147, which requires residential buildings with three or more residential units to have a policy on smoking and to notify all Owners and residents. This guide explains the purpose of this law and offers recommendations on how to meet its requirements. This law goes into effect on August 30<sup>th</sup>, 2018. Local Law 147 seeks to protect residents from the dangers of secondhand smoke, so they may make informed decisions about where to live. Secondhand smoke is smoke that comes from burning any products used for smoking or that is exhaled by smokers.

The law requires that owners of buildings with three or more residential units:

- Create a policy on smoking and periodically notify the residents and owners of the policy.
- Identify where smoking is and is not allowed on the property, including all indoor and outdoor locations. (The Smoke-Free Air Act bans smoking tobacco or non-tobacco products and using e-cigarettes in common indoor areas.)
- Provide an annual notification of the policy on smoking to residents.
- Provide a notice to residents if the policy on smoking changes.

The enclosed Amendment to the Rules and Regulations of the Condominium has been duly adopted by the Board of Managers and will go into effect as required.

Thank you and contact our office with any questions.

Very truly yours,  
  
Harriet Kyrus  
Kyrus Realty Group

Enclosure



34-36 East 10 Street Corp.  
34-36 East 10 Street  
New York, NY 10003

NOTICE OF AMENDMENT TO HOUSE RULES

TO: ALL SHAREHOLDERS  
FROM: BOARD OF DIRECTORS  
DATE: AUGUST 30, 2018

PLEASE TAKE NOTICE THAT THE BOARD OF DIRECTORS HAS AMENDED THE COOPERATIVES HOUSE RULES. THE FOLLOWING IS A NEW HOUSE RULE #37 WHICH WILL BE EFFECTIVE THIRTY DAYS FROM THE DATE SET FORTH ABOVE.

37. As of the date of adoption of this rule, smoking is prohibited in all of the common areas of the building as required by all applicable laws, including in the elevators, hallways, stairways, roof, lobby, amenity facilities, as well as in areas within 25 feet of any entrance door egress from the building. No person shall smoke in the areas where smoking is prohibited by this rule or permit smoking by any occupant, agent, tenant, invitee, guest, friend, or family member in such areas.

Provided that it does not create unreasonably disturbing secondhand smoke that interferes with the rights, comforts, or conveniences of other residents, and subject to applicable law and the condominium's governing documents, smoking is currently permitted inside a resident's individual apartment unit. The unit owner is responsible for any secondhand smoke entering the common areas or other apartment from the resident's individual apartment unit and has an obligation to put into effect measures to ensure secondhand smoke does not enter into common areas or other apartment units.

The term "smoking" as used in this rule includes inhaling, exhaling, burning, carrying or otherwise handling or controlling any lit, heated or smoldering cigar, cigarette, electronic cigarette, herbal cigarette or non-tobacco smoking product, water pipe, vaping device, pipe, or any form of lighted object or device which contains tobacco or tobacco products.

A notice setting forth this smoking policy will be displayed prominently in the building's lobby. The building's board reserves the right to revise and/or amend this current smoking policy.

The Board of Directors  
34-36 East 10<sup>th</sup> Street Corporation  
34-36 East 10<sup>th</sup> Street  
New York, NY 10003

Re: 34-36 East 10<sup>th</sup> Street  
Unit #: \_\_\_\_\_

Dear Board of Directors:

I (We) have received, read, understand and agree to abide by the House Rules of 34-36 East 10<sup>th</sup> Street Corporation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Tax Information Authorization

▶ Go to [www.irs.gov/Form8821](http://www.irs.gov/Form8821) for instructions and the latest information.  
▶ Don't sign this form unless all applicable lines have been completed.  
▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

Received by:

Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Function \_\_\_\_\_  
Date \_\_\_\_\_

**1 Taxpayer information.** Taxpayer must sign and date this form on line 7.

Taxpayer name and address		Taxpayer identification number(s)	
		Daytime telephone number	Plan number (if applicable)

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form. Check here if a list of additional appointees is attached ▶

Name and address	CAF No. _____
	PTIN _____
	Telephone No. _____
	Fax No. _____
	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

**3 Tax Information.** Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 . . . . . ▶

**5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):

**a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box . . . . . ▶

**Note.** Appointees will no longer receive forms, publications, and other related materials with the notices.

**b** If you don't want any copies of notices or communications sent to your appointee, check this box . . . . . ▶

**6 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain. . . . . ▶

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

**7 Signature of taxpayer.** If signed by a corporate officer, partner, guardian, partnership representative, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.  
▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name Title (if applicable)

# Instructions for Form 8821

(Rev. January 2018)



Department of the Treasury  
Internal Revenue Service

## Tax Information Authorization

Section references are to the Internal Revenue Code unless otherwise noted.

### General Instructions

#### Future Developments

For the latest information about developments related to Form 8821 and its instructions, such as legislation enacted after they were published, go to [IRS.gov/Form8821](http://IRS.gov/Form8821).

#### What's New

**Intermediate Service Providers.** A checkbox has been added to line 3 to allow the taxpayer to authorize the designated appointee(s) to access the taxpayer's IRS records via an Intermediate Service Provider. See [Authority to access electronic IRS records via Intermediate Service Providers](#), later, for more information.

**Partnership representatives.** For partnership tax years beginning after December 31, 2017, the Bipartisan Budget Act of 2015 has eliminated the role "Tax Matters Partner" and replaced it with "Partnership Representative." See [Partnership representative](#), later, for more information.

**Authentication Alert.** When an appointee with a Tax Information Authorization calls the IRS on your behalf, they must pass authentication procedures prior to the IRS speaking to them about your tax information.

#### Purpose of Form

Form 8821 authorizes any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive your confidential information verbally or in writing for the type of tax and the years or periods you list on Form 8821. Form 8821 is also used to delete or revoke prior tax information authorizations. See the instructions for [line 6](#), later.

You may file your own tax information authorization without using Form 8821, but it must include all the information that is requested on Form 8821.

Form 8821 doesn't authorize your appointee to speak on your behalf; to execute a request to allow disclosure of return or return information to another third party; to advocate your position with respect to federal tax laws; to execute waivers, consents, closing agreements; or represent you in any other manner before the IRS. Use Form 2848, Power of Attorney and Declaration of Representative, to authorize an individual to represent you before the IRS. The appointee may not substitute another party as your authorized designee.

Authorizations listed on prior Forms 8821 are automatically revoked unless you attach copies of your prior Forms 8821 to your new submissions.



*Your appointee is never allowed to endorse or negotiate a taxpayer's refund check or receive a taxpayer's refund via direct deposit.*

**Need a copy of tax return information?** Go to [IRS.gov/Transcripts](http://IRS.gov/Transcripts) and click on either "Get Transcript Online" or

### Where To File Chart

IF you live in...	THEN use this address...	Fax number*
Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, or West Virginia	Internal Revenue Service Memphis Accounts Management Center 5333 Getwell Road, Stop 8423 Memphis, TN 38118	855-214-7519
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, or Wyoming	Internal Revenue Service 1973 Rulon White Blvd., MS 6737 Ogden, UT 84201	855-214-7522
All APO and FPO addresses, American Samoa, nonpermanent residents of Guam or the U.S. Virgin Islands**, Puerto Rico (or if excluding income under Internal Revenue Code section 933), a foreign country: U.S. citizens and those filing Form 2555, 2555-EZ, or 4563.	Internal Revenue Service International CAF Team 2970 Market Street MS 4-H14.123 Philadelphia, PA 19104	855-772-3156  304-707-9785 (Outside the United States)

\* These numbers may change without notice. For updates, go to [IRS.gov/Form8821](http://IRS.gov/Form8821) and search under "Recent Developments."

\*\*Permanent residents of Guam should use Guam Department of Revenue and Taxation, P.O. Box 23607, GMF, GU 96921; permanent residents of the U.S. Virgin Islands should use V.I. Bureau of Internal Revenue, 6115 Estate Smith Bay, Suite 225, St. Thomas, V.I. 00802.

"Get Transcript by Mail" to order a copy of your transcript. IRS transcripts of your tax return are often used instead of a copy of the actual tax return to validate income and tax filing status for mortgage applications, student and small business loan applications, and during tax preparation.

You may also request transcript information by mail by completing Form 4506-T, Request for Transcript of Tax Return, or Form 4506T-EZ, Short Form Request for Individual Tax Return Transcript. Alternatively, you may call 1-800-908-9946 to order a transcript over the phone.

If you want a photocopy of an original tax return, use Form 4506, Request for Copy of Tax Return. There is a fee for each return ordered, which must be paid with your request.

When a properly executed Form 8821 is on file with the IRS, your appointee can also get online tax information through [IRS.gov/eServices](https://www.irs.gov/eServices).

**Form 56.** Use Form 56, Notice Concerning Fiduciary Relationship, to notify the IRS of the existence of a fiduciary relationship. A fiduciary (trustee, executor, administrator, receiver, or guardian) stands in the position of a taxpayer and acts as the taxpayer, not as a representative. A fiduciary may authorize an individual to represent or perform certain acts on behalf of the person or entity by filing a power of attorney that names the eligible individual(s) as representative(s) for the person or entity. Because the fiduciary stands in the position of the person or entity, the fiduciary must sign the power of attorney on behalf of the person or entity.

### When To File

If you are submitting Form 8821 to authorize disclosure of your confidential tax information for a purpose other than addressing or resolving a tax matter with the IRS (for example, for income verification required by a lender), the IRS must receive the Form 8821 within 120 days of the taxpayer's signature date on the form. This 120-day requirement doesn't apply to a Form 8821 submitted to authorize disclosure for the purpose of assistance with a tax matter with the IRS.

### Where To File

If you check the box on line 4, mail or fax Form 8821 to the IRS office handling the specific matter. Otherwise, mail or fax Form 8821 directly to the IRS address according to the [Where To File Chart](#).

### Taxpayer Identification Number (TIN)

A TIN is used to confirm the identity of a taxpayer and identify the taxpayer's return and return information. It is important that you furnish your correct name, social security number (SSN), individual taxpayer identification number (ITIN), and/or employer identification number (EIN).

### Partnership Items

**Tax matters partner.** For partnership tax years beginning prior to January 1, 2018, a tax matters partner is authorized to perform certain acts on behalf of an affected partnership. Rules governing the use of Form 8821 don't replace any provisions of law concerning the tax treatment of partnership items.

**Partnership representative.** For partnership tax years beginning after December 31, 2017, unless the partnership is an eligible partnership that has elected out of the centralized partnership audit regime, the partnership is required to designate a partnership representative. The partnership representative (as defined in section 6223(a)) has the sole authority to act on behalf of the partnership under the centralized partnership audit regime. The partnership representative doesn't have to be a partner; however, his actions will bind the partnership and all partners of such partnership in dealings with the IRS under the centralized partnership audit regime.

### Appointee Address Change

If your appointee's address changes, a new Form 8821 isn't required. The appointee can provide the IRS with the new information by sending written notification of the new address to the location where the Form 8821 was filed. Your appointee must sign and date the written notice of address change.

## Specific Instructions

### Line 1. Taxpayer Information

**Individual.** Enter your name, TIN, and your street address in the space provided. Don't enter your appointee's name or address information in the Taxpayer information box. If a return is a joint return, the appointee(s) identified will only be authorized for you. Your spouse, or former spouse, must submit a separate Form 8821 to designate an appointee.

**Corporation, partnership, or association.** Enter the name, EIN, and business address.

**Employee plan or exempt organization.** Enter the name, address, and EIN or SSN of the plan sponsor/plan name, exempt organization or bond issuer. Enter the three-digit plan number when applicable. If you are the plan's trustee and you are authorizing the IRS to disclose the tax information of the plan's trust, see the instructions relating to the trust.

**Trust.** Enter the name, title, and address of the trustee, and the name and EIN of the trust.

**Estate.** Enter the name and address of the estate. If the estate doesn't have a separate identification number, enter the decedent's SSN or ITIN.

### Line 2. Appointee

Enter your appointee's full name. Use the identical full name on all submissions and correspondence. Enter the nine-digit CAF number for each appointee. If an appointee has a CAF number for any previously filed Form 8821 or power of attorney (Form 2848), use that number. If a CAF number has not been assigned, enter "NONE," and the IRS will issue one directly to your appointee. The IRS doesn't assign CAF numbers to requests for employee plans and exempt organizations.

If you want to name more than one appointee, check the box on line 2, and attach a list of appointees to Form 8821. Provide the address, and requested numbers for each appointee named.

If Form 8821 is being submitted for the sole purpose of updating the appointee's address or telephone/fax number, check the applicable box.

### Line 3. Tax Information

**Authority to access electronic IRS records via Intermediate Service Providers.** Your appointee is not authorized to use an Intermediate Service Provider to retrieve your confidential tax information indirectly from the IRS unless you check the box on line 3. If you don't authorize the use of an Intermediate Service Provider, your appointee can obtain your tax information directly from the IRS by using the IRS e-Services Transcript Delivery System.

Intermediate Service Providers are privately owned companies that offer subscriptions to their software and/or services that your authorized appointee can use to retrieve, store, and display your tax return data (personal or business) instead of obtaining your tax information directly from the IRS through the IRS e-Services Transcript Delivery System. Intermediate Service Providers are independent of, and not affiliated in any way with, the IRS, and the IRS has no involvement in your appointee's choice to obtain your tax information directly from the IRS or use an Intermediate Service Provider to indirectly obtain your tax information from the IRS.

**Columns (a)–(c).** Enter the type of tax information, the tax form number, the years or periods, and the specific matter. For example, you may list "Income, 1040" for calendar year "2017" and "Excise, 720" for "2017" (this covers all quarters in 2017).

For multiple years or a series of inclusive periods, including quarterly periods, you may enter, for example, "2015 thru 2017" or "2nd 2016-3rd 2017." For fiscal years, enter the ending year and month, using the YYYYMM format.

Don't use a general reference such as "All years," "All periods," or "All taxes." Any tax information authorization with a general reference will be returned.

You may list the current year/period and any tax years or periods that have already ended as of the date you sign the tax information authorization. You may also list future tax years or periods. **However, the IRS will not record on the CAF system future tax years or periods listed that exceed 3 years from December 31 of the year that the IRS receives the tax information authorization.**



**Centralized Partnership Audit Regime.** Partnerships under the centralized partnership audit regime are required to designate a partnership representative for each tax year, therefore, it is recommended that a separate Form 8821 be completed for each tax year.

Note. A Form 8821 for a future year will not be allowed since a PR would not have been designated yet in a filed Form 1065.

You must enter the description of the matter, the tax form number, and the future year(s) or period(s). If the matter relates to estate tax, enter the date of the decedent's death instead of the year or period. If the

matter relates to an employee plan, include the plan number in the description of the matter.

If you appoint someone only with respect to a penalty and interest due on that penalty, enter "civil penalty" in column (a), and if applicable, enter the tax year(s) for the penalty. Enter "NA" (not applicable) in column (b). You don't have to enter the specific penalty.

If the taxpayer is subject to penalties related to an individual retirement account (IRA) enter "IRA civil penalty" in column (a).

**Note.** If Form W-2 is listed on line 3, then the appointee is entitled to receive taxpayer notices regarding any civil penalties and payments related to that Form W-2. A Form 8821 that lists a particular tax return will also entitle the appointee to receive the taxpayer notices regarding any return-related civil penalties and payments. For example, if Form 1040 is listed, the appointee is entitled to receive taxpayer notices regarding the section 5000A individual shared responsibility payment. Specific reference to those penalties and payments isn't required. However, any civil penalty or healthcare-related payment that isn't return-related, such as the section 4980H employer shared responsibility payment, the annual fee for branded prescription drug sales under section 9008 of the Affordable Care Act (ACA), or health insurance provider fee under section 9010 of the ACA, isn't covered by the Form 8821 unless column (a) references "civil penalties" or the name of a specific penalty or payment.

**Column (d).** Enter any specific information you want the IRS to provide. Examples of column (d) information: lien information, balance due amount, a specific tax schedule, section 4980H employer shared responsibility payment information, or a tax liability.

Enter "not applicable" in column (d) if you are not limiting your appointee's authority to inspect and/or receive all confidential tax information described in columns (a), (b), and (c).

For requests regarding Form 8802, Application for United States Residency Certification, enter "Form 8802" in column (d) and check the specific box on line 4. Also, enter the appointee's information as instructed on Form 8802.

### Line 4. Specific Use Not Recorded on CAF

Generally, the IRS records all tax information authorizations on the CAF system. However, authorizations relating to certain issues aren't recorded. Check the box on line 4 if Form 8821 is being submitted for a specific use that the IRS will not record on the CAF. Examples of specific uses not recorded include but are not limited to the following:

1. Requests to disclose information to loan companies or educational institutions.
2. Requests to disclose information to federal or state agency investigators for background checks.
3. Requests for information regarding the following forms:
  - a. Form SS-4, Application for Employer Identification Number;
  - b. Form W-2 Series;

- c. Form W-4, Employee's Withholding Allowance Certificate;
- d. Form W-7, Application for IRS Individual Taxpayer Identification Number;
- e. Form 843, Claim for Refund and Request for Abatement;
- f. Form 966, Corporate Dissolution or Liquidation;
- g. Form 1096, Annual Summary and Transmittal of U.S. Information Returns;
- h. Form 1098, Mortgage Interest Statement;
- i. Form 1099 Series;
- j. Form 1128, Application To Adopt, Change, or Retain a Tax Year;
- k. Form 2553, Election by a Small Business Corporation; or
- l. Form 4361, Application for Exemption From Self-Employment Tax for Use by Ministers, Members of Religious Orders and Christian Science Practitioners.

If you check the box on line 4, your appointee should mail or fax Form 8821 to the IRS office handling the matter. Otherwise, your appointee should bring a copy of Form 8821 to each appointment to inspect or receive information. A specific-use tax information authorization will not revoke any prior tax information authorizations.

### Line 5. Disclosure of Tax Information

The IRS will send copies of notices and communications to no more than two appointees. If you check the box for line 5a and the IRS has a prior Form 2848 or 8821 from you that authorized other appointees to receive copies of notices and communications for the same tax and tax years, the IRS will stop sending notices and communications to the appointees designated on the prior Form 2848 or 8821.

### Line 6. Retention/Revocation of Prior Tax Information Authorizations

If the line 4 box is checked, skip line 6. If line 4 isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you instruct otherwise. If you don't want a prior tax information authorization submission to be revoked, you must attach a copy of the tax information authorization that you want to retain and check the line 6 box.

**Revocation request.** If you want to revoke a prior tax information authorization without submitting a new authorization, write "REVOKE" across the top of the particular authorization that you want to revoke. Provide a current taxpayer signature and date under the original signature that was provided on line 7.

If you don't have a copy of the tax information authorization you want to revoke, send a notification to the IRS. In the notification:

1. State that the authority of the appointee is revoked,
2. List the name and address of each appointee whose authority is being revoked,
3. List the tax matters and tax periods, and
4. Sign and date the notification.

If you are completely revoking the authority of the appointee, state "revoke all years/periods" instead of listing the specific tax matters, years, or periods.

To revoke a specific use tax information authorization, send the tax information authorization or notification of revocation to the IRS office handling your case, using the above instructions.

### Line 7. Signature of Taxpayer

**Individual.** You must sign and date the authorization. If a joint return has been filed, your spouse must execute his or her own authorization on a separate Form 8821 to designate an appointee.

**Corporation.** Generally, Form 8821 can be signed by:

1. An officer having authority under applicable state law to bind the corporation,
2. Any person designated by the board of directors or other governing body,
3. Any officer or employee on written request by any principal officer and attested to by the secretary or other officer, and
4. Any other person authorized to access information under section 6103(e)(1)(D), except for a person described in section 6103(e)(1)(D)(iii) (bona fide shareholders of record owning 1% or more of the outstanding stock of the corporation).

**Partnership.** Generally, Form 8821 can be signed by any person who was a member of the partnership during any part of the tax period covered by Form 8821. See *Partnership Items*, earlier. If the Form 8821 covers more than one tax year or tax period, the person must have been a member of the partnership for all or part of each tax year or period covered by Form 8821.

If the Form 8821 covers matters under the centralized partnership audit regime, Form 8821 can be signed by the partnership representative.



*For partnership tax years beginning after December 31, 2017, the Bipartisan Budget Act of 2015, which repealed the TEFRA partnership audit and litigation procedures and the rules applicable to electing large partnerships and replaced them with a new centralized partnership audit regime, has eliminated the role of "tax matters partner" and replaced it with "partnership representative." Pursuant to Treasury Regulation section 301.9100-22T, a partnership can elect to have the new regime apply to partnership returns for tax years beginning after November 2, 2015, and before January 1, 2018.*

**Employee plan.** If the plan is listed as the taxpayer on line 1, a duly authorized individual having authority to bind the taxpayer must sign and that individual's exact title must be entered.

**Trust.** A trustee having the authority to bind the trust must sign with the title of trustee entered. If the trust hasn't previously submitted a completed Form 56, Notice Concerning Fiduciary Relationship, identifying the current trustee, the trust must submit a Form 56 to identify the current trustee.

**Estate.** An executor having the authority to bind the estate must sign. A Form 56 should be filed to identify the executor. If there is more than one executor, only one co-executor having the authority to bind the estate is required to sign. See Regulations section 601.503(d).

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

### **Privacy Act and Paperwork Reduction Act Notice**

We ask for the information on this form to carry out the Internal Revenue laws of the United States. Form 8821 authorizes the IRS to disclose your confidential tax information to the person you appoint. This form is provided for your convenience and its use is voluntary. The information is used by the IRS to determine what confidential tax information your appointee can inspect and/or receive. Section 6103(c) and its regulations require you to provide this information if you want to designate an appointee to inspect and/or receive your confidential tax information. Under section 6109, you must disclose your identification number. If you don't provide all the information requested on this form, we may not be able to honor the authorization. Providing false or fraudulent information may subject you to penalties.

We may disclose this information to the Department of Justice for civil or criminal litigation, and to cities, states,

the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 6 min.; **Learning about the law or the form**, 12 min.; **Preparing the form**, 24 min.; **Copying and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 8821 simpler, we would be happy to hear from you. You can send your comments from [IRS.gov/FormComments](https://www.irs.gov/FormComments). Or you can send your comments to the Internal Revenue Service, Tax Forms and Publications, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Don't** send Form 8821 to this office. Instead, see the [Where To File Chart](#).



**Occupant Information Form**

Date: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

Lessee: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Lessee: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Lessee: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Please list all other occupants who will reside in apartment:**

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

**Lessee Contact Information:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Work Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Other: \_\_\_\_\_ Other: \_\_\_\_\_

**Person to notify in the event of an emergency:** \_\_\_\_\_

**Emergency Daytime Number:** \_\_\_\_\_

**Emergency Evening Number:** \_\_\_\_\_

34-36 East 10<sup>th</sup> Street Corp.  
 c/o Kyrous Realty Group, Inc.  
 263 West 38<sup>th</sup> Street, Suite #15E  
 New York, NY 10018-5851

**RETURN  
THIS COPY**

**ANNUAL NOTICE**

**PROTECT YOUR CHILD FROM LEAD POISONING AND WINDOW FALLS**

New York City law requires that tenants living in buildings with 3 or more apartments complete this form and return it to their landlord before February 15, each year. If you do not return this form, your landlord is required to visit your apartment to determine if children live in your apartment.

**Peeling Lead Paint**

By law, your landlord is required to inspect your apartment for peeling paint and other lead paint hazards at least once a year if a child under 6 years of age (5 years or younger) lives with you.

- You must notify your landlord in writing if a child under 6 comes to live with you during the year.
- If a child under 6 lives with you, your landlord must inspect your apartment and provide you with the results of these paint inspections.
- **Always report peeling paint to your landlord. Call 311 if your landlord does not respond.**
- Your landlord must use safe work practices to repair all peeling paint and other lead paint hazards.

These requirements apply to buildings with 3 or more apartments built before 1960. They also apply to buildings to buildings built between 1960 and 1978 if the landlord knows that lead paint is present.

**Window Guards**

By law, your landlord is required to install window guards in all your windows if a child under 11 years of age (10 years or younger) lives with you, OR if you request them (even if no children live with you).

- ONLY windows that open to fire escapes, and one window in each first floor apartment when there is a fire escape on the outside of the building, are legally exempt from this requirement.
- It is against the law for you to interfere with installation, or remove window guards where they are required. Air conditioners in windows must be permanently installed.
- Window guards must be installed so there is no space greater than 4<sup>1</sup>/<sub>2</sub> inches above or below the guard, on the side of the guard, or between the bars.

These requirements apply to all buildings with 3 or more apartments, regardless of when they were built.

**Fill Out and detach the bottom part of this form.**

Please check all boxes that apply

- A child age under 6 years of age (5 years or younger) lives in my apartment.
- A child under 11 years of age (10 years or younger) lives in my apartment and:
  - Window guards are installed in all windows as required.
  - Window guards need repair.
  - Window guards are NOT installed in all windows as required.
- No child under 11 years of age (10 years or younger) lives in my apartment:
  - I want window guards installed anyway.
  - I have window guards, but they need repair.

Last Name	First Name	Middle Initial		
Street Address	Apt. #	City	State	Zip Code
Signature	Date	Telephone Number		

**Deadline for return: February 15, 2014**

**Return form to: Name and address of landlord or managing agent. Call 311 for more information on preventing lead poisoning and window falls.**

**DOHMH-approved: October 16, 2013**

34-36 East 10<sup>th</sup> Street Corp.  
 c/o Kyrous Realty Group, Inc.  
 263 West 38<sup>th</sup> Street, Suite #15E  
 New York, NY 10018-5851

**KEEP  
THIS COPY**

**ANNUAL NOTICE**

**PROTECT YOUR CHILD FROM LEAD POISONING AND WINDOW FALLS**

New York City law requires that tenants living in buildings with 3 or more apartments complete this form and return it to their landlord before February 15, each year. If you do not return this form, your landlord is required to visit your apartment to determine if children live in your apartment.

**Peeling Lead Paint**

By law, your landlord is required to inspect your apartment for peeling paint and other lead paint hazards at least once a year if a child under 6 years of age (5 years or younger) lives with you.

- You must notify your landlord in writing if a child under 6 comes to live with you during the year.
- If a child under 6 lives with you, your landlord must inspect your apartment and provide you with the results of these paint inspections.
- **Always report peeling paint to your landlord. Call 311 if your landlord does not respond.**
- Your landlord must use safe work practices to repair all peeling paint and other lead paint hazards.

**Window Guards**

By law, your landlord is required to install window guards in all your windows if a child under 11 years of age (10 years or younger) lives with you, OR if you request them (even if no children live with you).

- ONLY windows that open to fire escapes, and one window in each first floor apartment when there is a fire escape on the outside of the building, are legally exempt from this requirement.
- It is against the law for you to interfere with installation, or remove window guards where they are required. Air conditioners in windows must be permanently installed.
- Window guards must be installed so there is no space greater than 4<sup>1</sup>/<sub>2</sub> inches above or below the guard, on the side of the guard, or between the bars.

These requirements apply to buildings with 3 or more apartments built before 1960. They also apply to buildings to buildings built between 1960 and 1978 if the landlord knows that lead paint is present.

These requirements apply to all buildings with 3 or more apartments, regardless of when they were built.

**Fill Out and detach the bottom part of this form.**

Please check all boxes that apply

- A child age under 6 years of age (5 years or younger) lives in my apartment.
- A child under 11 years of age (10 years or younger) lives in my apartment and:
  - Window guards are installed in all windows as required.
  - Window guards need repair.
  - Window guards are NOT installed in all windows as required.
- No child under 11 years of age (10 years or younger) lives in my apartment:
  - I want window guards installed anyway.
  - I have window guards, but they need repair.

Last Name	First Name	Middle Initial		
Street Address	Apt. #	City	State	Zip Code
Signature	Date	Telephone Number		

**Deadline for return: February 15, 2014**

**Return form to: Name and address of landlord or managing agent. Call 311 for more information on preventing lead poisoning and window falls.**

**DOHMH-approved: October 16, 2013**



## NEW YORK CITY Residential Recycling Guide

Full recycling is back in America's largest city! Here are some simple pointers on what to recycle and how.

### Paper & Cardboard

#### YES

##### Newspapers, magazines & catalogs

##### White or colored paper

All mail (even envelopes with plastic windows), wrapping paper, etc.

##### Smooth cardboard

Cereal and other dry-food boxes, etc.

##### Paper bags

##### Flattened cardboard

#### NO

##### Plastic- or wax- coated paper

Candy wrappers, take-out containers, etc.

##### Carbon paper

##### Heavily soiled paper or cardboard

##### Hardcover books

Place paper and cardboard recyclables in a clear bag or green-labeled container. Note that paper milk and juice cartons (rinsed) should be placed in the container with metal, glass and plastic.

### Metal, Glass & Plastic

#### YES

##### Metal cans

Food, aerosol (empty), etc.

##### Foil wrap & trays

##### Plastic bottles & jugs

For detergent, soda, milk, juice, water, etc.

-any bottle where the neck is smaller than the body

##### Glass bottles & jars

##### Milk and other beverage cartons

##### Household metal including:

- Wire hangers
- All metal appliances (from washing machines and stoves to toasters and irons)\*
- All indoor and outdoor metal furniture, including cabinets and window screens
- Metal pots and pans, cutlery and utensils

\*Call 311 before discarding appliances that contain CFC gas, such as refrigerators and air conditioners.

#### NO

##### Motor oil or chemical containers

##### Styrofoam

Cups, egg cartons, etc.

##### Food containers

For yogurt, margarine, take-out, salad bar, etc.

##### Plastic bags, wrap or film

Sandwich wrap, grocery or dry cleaning bags, etc.

##### Plastic trays or tubs

For microwave, etc.

##### Plastic utensils, plates, cups, bowls

##### Plastic appliances, toys, furniture

##### Lightbulbs

##### Pane glass

##### Pump spray nozzles

##### Caps or lids

##### Household batteries

Rinse metal, glass and plastic items and place them in a clear bag or blue-labeled container. Throw away caps and lids with your regular trash. To collect the 5-cent deposit on beverage containers such as beer and soda bottles and cans, redeem them at a neighborhood store instead of putting them in with your recycling.

For more information, call the city information line at 311 or visit the New York City Recycles website at [www.ci.nyc.ny.us/html/dos/html/bw\\_home/Index.html](http://www.ci.nyc.ny.us/html/dos/html/bw_home/Index.html)

To find this guide online, go to [www.nrdc.org/cities/recycling/](http://www.nrdc.org/cities/recycling/)

Natural Resources Defense Council  
40 West 20th Street, New York, NY 10011 | 212 727-2700  
[www.nrdc.org](http://www.nrdc.org)