



School District Income Verification (SDIV) Process Participation Form

1. Participation in SDIV (mark an **X** in the appropriate box below):

- I **do** wish to participate in the School District Income Verification Process.
- I **do not** wish to participate in the School District Income Verification Process.

School district name
County
Superintendent
Signature (if not emailed)

2. District contact for SDIV:

Name
Address
Phone number
E-mail address

Where to file

E-mail, mail, or fax this form to:

e-mail: ORPTS.SDIV@tax.ny.gov

Mail: **NYS TAX DEPARTMENT
OFFICE OF REAL PROPERTY TAX SERVICES
WA HARRIMAN CAMPUS
SDIV PROGRAM
ALBANY, NY 12227-0801**

Fax: 518-435-8632

If you have questions, you may call 518-457-0182.