



**New York State  
Department of Taxation and Finance  
Office of Real Property Tax Services**

**Thomas H. Mattox**  
Commissioner of  
Taxation and Finance

**Susan E. Savage**  
Assistant Deputy Commissioner for  
Real Property Tax Services

## 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 e-mailed) \_\_\_\_\_

2. District contact for SDIV:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Please 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  
SDIV PROGRAM  
W A HARRIMAN CAMPUS  
ALBANY NY 12227

Fax: (518) 435-8632

If you have questions, call (518) 474-5666.