

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

I Reporting Information

Year:

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

II Client Information

Name:

Permanent Business Address:

City:

State:

ZIP code:

Phone:

III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Check here if using section III(b) of the addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship:

Compensation (Actual or Anticipated): \$.00

Reimbursable Expenses (Actual or Anticipated): \$.00

Total Compensation and Reimbursable Expenses (Actual or Anticipated): \$.00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated): Month: Year:

Check here if using section III(a) of the addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

Continued on next page

IV Business Relationship with a State Person

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name:		State Person First Name:	
Agency or Legislative Body of Employment:			
Public Office Address:			
City:		State:	ZIP code:
Phone:			
Description of Business Relationship:			
Compensation (Actual or Anticipated):		\$.00
Reimbursable Expenses (Actual or Anticipated):		\$.00
Total Compensation and Reimbursable Expenses (Actual or Anticipated):		\$.00
Beginning date of Business Relationship (Actual or Anticipated):		Month:	Year:
End date of Business Relationship (Actual or Anticipated):		Month:	Year:
Check here if using section IV of the addendum sheet for additional State Person(s): <input type="radio"/>			

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X

SIGNATURE:

DATE:

PRINT NAME: LAST

FIRST

Mark One:

☐ Chief Administrative Officer

☐ Designee(Attach Letter)

Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Business Relationship with an Entity

Instructions: Fill out this section *only* if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

III(a) Fill out this section **ONLY** for additional Relationship(s) with different Entity/Entities.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Check here if using section III (b) of the addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity:

☐

Description of Business Relationship:

Compensation (Actual or Anticipated): \$.00

Reimbursable Expenses (Actual or Anticipated): \$.00

Total Compensation and Reimbursable Expenses (Actual or Anticipated): \$.00

Beginning date of Business Relationship (Actual or Anticipated):

Month:

Year:

End date of Business Relationship (Actual or Anticipated):

Month:

Year:

III(b) Fill out this section **ONLY** for additional State Person with the Requisite Involvement in an Entity previously listed.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

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Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

IV Business Relationship with a State Person

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name:		State Person First Name:	
Agency or Legislative Body of Employment:			
Public Office Address:			
City:		State:	ZIP code:
Phone:			
Description of Business Relationship:			
Compensation (Actual or Anticipated):		\$.00
Reimbursable Expenses (Actual or Anticipated):		\$.00
Total Compensation and Reimbursable Expenses (Actual or Anticipated):		\$.00
Beginning date of Business Relationship (Actual or Anticipated):		Month:	Year:
End date of Business Relationship (Actual or Anticipated):		Month:	Year: