



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

PARDON REQUEST - BACKGROUND INFORMATION FORM

Please complete this form, to the best of your knowledge, and return to: **NYS Department of Corrections and Community Supervision Executive Clemency Bureau**
The Harriman State Campus – Building 2
1220 Washington Avenue
Albany, NY 12226-2050

Full Name of Applicant:

Current Address:

Phone Number(s):

Alias:

Date of Birth: Year Month Day

Social Security Number: - -

DIN # NYSID# FBI #

Alien Registration # (for immigration cases):

Whether Immigration proceedings are pending and the status:

Conviction(s) - Please note: include only NYS convictions:

Place of Crime(s):

Sentencing Date(s):

Sentence(s) Received:

Reason for Request (attach additional papers or write on back if necessary):

Any other identifying information (attach additional papers or write on back if necessary):

Applicant Signature: _____ Date



To: Department of Taxation and Finance
W.A. Harriman State Campus
Albany, New York 12227
(518) 457-7565

I, _____, authorize the Department of Taxation and Finance (“Department”) to disclose and discuss with the Executive Clemency Bureau of the Department of Corrections and Community Supervision (Clemency Bureau) and the Governor’s Office (Executive Chamber), the following information, for the purpose of considering my application for Executive clemency:

- Whether my income tax returns (state and federal) have been timely filed, including appropriate extensions, for the prior four tax years.
- Whether any enforcement action – including, but not limited to, issuance of a tax warrant, lien, or judgment -- has been taken by the Department against me and the status of such action; whether any income tax bills are currently outstanding past the due date, or whether any protests are currently filed by me and the status of any such protests.

I do not authorize the Department to disclose, discuss, or share tax information other than that specifically delineated above. I understand that the Department in no case will provide actual tax filings. I understand that the Clemency Bureau and the Executive Chamber will not share any tax information received from the Department with any outside person or entity.

I will commence no claim against the Department if they disclose the delineated information according to this release.

My Social Security Number is: _____

Signature

Date