



**TAX COMMISSION OF THE CITY OF NEW YORK**  
**1 Centre Street, Room 2400, New York, NY 10007**

**TC150**  
**2025/26**

**SUPPLEMENTAL APPLICATION**

**INSTRUCTIONS:** Use this form to submit a supplemental application, from March 3 to March 24, inclusive, for one of the purposes listed.

**This submission is for attachment to an application identified as follows:**

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island)	BLOCK	LOT	ASSESSMENT YEAR <b>2025/26</b>
APPLICANT NAME			
REPRESENTATIVE			GROUP #, IF ANY

**PURPOSE OF THIS SUBMISSION – Check the applicable box.**

- Rental property having an actual assessment of \$750,000 or more.** The original application did not include a complete statement of income and expenses. *Attach an income and expense schedule on Form TC201 and an accountant's certification on Form TC309 if the assessed value is \$5,000,000 or more.*
- Other income-producing property having an actual assessment of \$750,000 or more.** The original application did not include a complete statement of income and expenses on the appropriate Tax Commission form for a hotel, department store, theatre, parking garage or lot, cooperative or condominium. *Attach Form TC208, TC214 or TC203.*
- Form TC200, Part 5.** Lease information that was not filed with the original application (actual assessment of \$750,000 or more) is attached.
- Rental property having an actual assessment of less than \$750,000.** The original application did not include a complete statement of income and expenses, the applicant uses a calendar year for federal tax purposes and acquired the property from an unrelated person more than six months but less than twenty-four months before the beginning of this calendar year. *Complete Form TC201 for the calendar year or shorter period of ownership ending December 31 and file it with this form. Also attach the Tax Commission's Sale Schedule, Form TC230 and a copy of the closing statement.*

**ATTACHMENTS - List all schedules and documents attached.**

Attachment	Number of pages
_____	_____
_____	_____
_____	_____
<b>Total pages attached</b>	

**SIGNATURE AND CERTIFICATION (See TC600 for who may sign)**

This supplemental application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant or a general partner or member or manager of the Applicant. **NOTE: Forms TC200, TC244 and/or a notarized Power of Attorney may be required. If required and not attached to the original application (if signed by same signer) or this supplemental application, this supplemental application will not be accepted.**

- Signer is** (check one of boxes i-vii below): **If box (v) or (vi) is checked, Mark application "Special Counsel Review" on the top.)**
- i.  The Applicant. (Check this box only if Applicant is an individual.)
  - ii.  Officer of corporate Applicant or Board of Managers. Title: \_\_\_\_\_
  - iii.  General partner of partnership Applicant.
  - iv.  Member or manager of, or individual officer of LLC Applicant. Title: \_\_\_\_\_
  - v.  An attorney, employee, property manager or other agent for Applicant. **TC244 and a power of attorney must be attached. See above.**
  - vi.  Fiduciary. Specify fiduciary's relationship to Applicant \_\_\_\_\_ **Form TC200 may be required. See TC200INS (instructions).** If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: \_\_\_\_\_
  - vii.  An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.  
Enter name of entity, relationship to Applicant and signer's title: Name of entity \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_ Signer's Title \_\_\_\_\_

**OATH I have read this form before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this form and on any attachments and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.**

Print clearly name of person signing _____  Signature of Signer: _____ Date _____ The signer must appear and acknowledge the signature before a notary. Sworn to before me: Signature of notary: _____  County _____ State _____ Date _____	<div style="border: 2px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p><b>NOTARY STAMP</b></p> </div>	<p><b>DATE RECEIVED</b></p>
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