



FAMILY INDEPENDENCE ADMINISTRATION

Seth W. Diamond, Executive Deputy Commissioner




James K. Whelan, Deputy Commissioner
Policy, Procedures, and Training

Lisa C. Fitzpatrick, Assistant Deputy Commissioner
Office of Procedures

POLICY BULLETIN #08-19-OPE (This Policy Bulletin Obsoletes PD #00-78R)

SAFEGUARDING FEDERAL TAX INFORMATION

Date: February 19, 2008	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to provide staff with revised instructions regarding the safeguarding of applicant/participant Federal Tax Information (FTI).</p> <p>FTI and all other confidential applicant/participant information must be safeguarded. Unauthorized disclosure of Federal returns or return information is punishable by a fine, imprisonment or both.</p> <p>State and local government agencies are entitled to receive copies of Federal Income Tax Reports (1099) on individuals requesting and/or receiving Cash Assistance (CA). This information is used to assess an applicant's/participant's eligibility for assistance and/or make any necessary benefit adjustments. Safeguarding this tax information to protect the confidentiality of the taxpayer and prevent unauthorized access/use of this information is the responsibility of all staff that have authorized access to FTI.</p> <p>Access</p> <p>Access to FTI and IRS documents are limited to authorized FIA staff whose duties or responsibilities include making eligibility determinations for assistance. Resources File Integration (RFI) screens containing FTI must be shut down if the staff person leaves the workstation. This information must never be left unattended.</p> <p>Handling and Storage of FTI</p> <p>Every 1099 match and list must be kept in a locked file in a locked office when received at the Center in order to prevent unauthorized inspection, disclosure, or access to FTI.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center*

The locked file within the locked area ensures at least one secure barrier in the area which can be accessed by non-HRA personnel such as contracted cleaning services.

Case Records

Case records with FTI must be kept in a locked file cabinet when not in use for any extended period of time such as during lunch hour or overnight. The records must not be placed on top of a file cabinet, desk, chair or box. A locked file cabinet prevents access by unauthorized personnel to Federal tax data received from financial institutions, employers, and/or pension/retirement boards.

FTI Security Awareness Training

The Office of Staff Resources (OSR) includes FTI security awareness training in every orientation provided to newly hired and transferred employees.

Each new employee must sign a form certifying awareness of FTI security safeguards and penalties. Employees who are authorized to access FTI are required to change their WMS pass code every six months.

Reporting

Staff must report any observation of unauthorized access, improper inspection or disclosure of FTI to their supervisor who should then contact HRA Police at (212) 274-5900. Staff can also contact HRA Police directly if necessary.

Disposal

When the match has been resolved, any printout containing FTI, the 1099 Cintrak and/or the RFI screen printout containing 1099 data must be destroyed. Items containing FTI are to be forwarded to a central site within the Center where they will be stored under lock and key pending destruction. The Center Director will designate the site and person responsible for ensuring that these documents remain secure.

Only collateral confirmation of resource information is retained in the case record. Documents containing FTI information must not be imaged.

Bank Inquiry and Clearance Report

The Bank Inquiry and Clearance Report (**LDSS-760**) is a confidential double sided form that both the JOS/Worker and appropriate financial institution must complete. The **LDSS-760** has replaced the Financial Institution Inquiry form (**W-532F**) which is now obsolete.

To process the **LDSS-760**, the JOS/Worker:

- Completes the front side of the form and then sends it to the appropriate financial institution(s) for completion of the reverse side.
- Upon return from the financial institution, files the form in the case record or scans the form into POS.

Center Directors must ensure that all versions of the **W-532F** are recycled.

Effective Immediately

References:

[OSR Procedure #07-05](#) Disposal of Printed HRA Confidential and Non-Confidential Documents (Non-Records)

[IRS Publication 1075](#) – Tax Information Security Guidelines for Federal, State, and Local Agencies

Sections 6103(y)(4) and 7213(a) of the Internal Revenue Code
18 NYCRR 357.5 & 18 NYCRR 357.1(a)

Attachments:

LDSS-760	Bank Inquiry and Clearance Report (Rev. 9/01)
W-532F	Financial Institution Inquiry (Obsolete)

☞ Please use Print on Demand to obtain copies of forms.

BANK INQUIRY AND CLEARANCE REPORT AGENCY COMPLETED

TO: (Name and address of banking organization)	FROM: (Name and address of authorized representative of NYSOTDA or local social services district)
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Please report all information you have concerning the closed and active bank accounts, deposit boxes, loans, investments and services of the individual(s) listed below. All information given will be considered confidential. **THE CLIENT HAS GIVEN FULL CONSENT WHEN APPLYING FOR BENEFITS PER PRIVACY ACT.**

This request is made pursuant to Article I, Section 4 of this N.Y.S. Banking Law, and Section 144-a of the Social Services Law. This section requires all banking organizations to furnish information to authorized representatives of the N.Y.S. Office of Temporary and Disability Assistance when the subject of the request is an applicant for or recipient of any assistance, care or services authorized by the Social Services Law.

If you have any questions, please phone the number listed below.

UNIT / WORKER / OFFICE	CASE NUMBER	CASE NAME
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SECTION I. List all people in filing unit:

First	CLIENT'S NAME Middle / Maiden	Last	DATE OF BIRTH	SOCIAL SECURITY NUMBER	ALSO KNOWN AS

SAMPLE

SECTION II. Names and Addresses of Legally Responsible Relatives NOT in filing unit

SECTION III. Please confirm status and amount of these reported accounts on reverse side.

ACCOUNT NAME(S)	ACCOUNT NUMBER(S)

PRESENT ADDRESS	PREVIOUS ADDRESS

SPECIAL INSTRUCTIONS

SOCIAL SERVICES REPRESENTATIVE SIGNATURE	TITLE	DATE SIGNED
X	PHONE NO.	

SEE REVERSE SIDE

BANK COMPLETED

(You have the option of attaching copies of statement of activity for the requested period.)

S = Savings	CD = Certificates of Deposit	T = Trust Funds	O = Other (Please Specify)
C = Checking	TD = Time Deposit	I = IRA	
B = Burial Fund*	M = Money Market / Management Account	IN = Other Investment Account	
X = Xmas Club		K = Keogh Account	

***Indicate Interest rate**

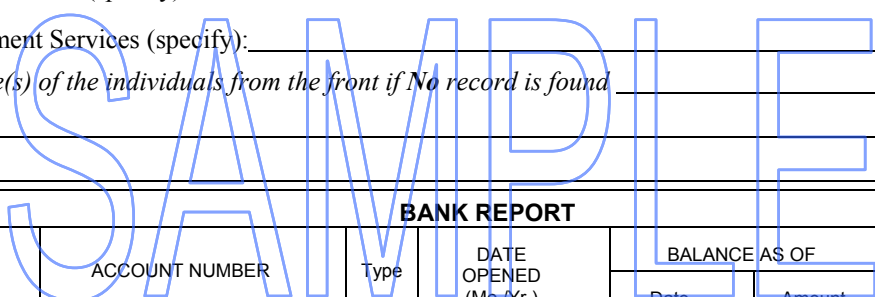
Do any of the individuals listed on the front have an account with your bank? (please check one) Yes No
 (If Yes, please enter the identifying information below.)

Have any of the individuals listed on the front had an account with your bank in the past? (please check one) Yes No

Do any of the individuals listed on the front have any of the following? (If so, specify owner and nature of accounts.)

- Bank Loan (specify): _____
- Safe Deposit Box (specify): _____
- Direct Deposit of Payroll/Government Check (source): _____
- Visa/Master Card Account (specify): _____
- Other Bank Investment Services (specify): _____

Comments: (List name(s) of the individuals from the front if No record is found)



ACTIVE ACCOUNTS

BANK REPORT

TITLE OF ACCOUNT (Indicate All Names) If joint account write J by name	ACCOUNT NUMBER	Type	DATE OPENED (Mo./Yr.)	BALANCE AS OF		LAST WITHDRAWAL	
				Date	Amount	Date	Amount

CLOSED ACCOUNTS WITHIN LAST 30 MONTHS

TITLE OF ACCOUNT (Indicate All Names) If joint account write J by name	ACCOUNT NUMBER	Type	DATE CLOSED	LAST WITHDRAWAL		HIGHEST BALANCE WITHIN LAST 30 MONTHS
				Date	Amount	

BANK ORGANIZATION REPRESENTATIVE SIGNATURE X	TITLE PHONE NO.	DATE SIGNED
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Please return this form

THANK YOU FOR YOUR COOPERATION



Attention: **Verification Department**

RE:

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Name: _____ Social Security Number: _____

Financial Institution Inquiry
(Part I)

Please report all information you have concerning the closed and active bank accounts, deposit boxes, loans, investments and services of the individual(s) listed above. All information given will be considered confidential. THE APPLICANT/PARTICIPANT GAVE FULL CONSENT WHEN APPLYING FOR BENEFITS, PER PRIVACY ACT.

This request is made pursuant to Article I, Section 4 of the New York State Banking Law, and Section 144a of the Social Services Law. This section requires all banking organizations to furnish information to authorized representatives of the New York State Office of Temporary and Disability Assistance when the subject of the request is an applicant or participant of any type of assistance, care or services authorized by the Services Law. Please complete and return Part II of this form by _____ Use the enclosed business envelope to ensure that this information is kept confidential.

If you have any questions or need further information, please feel free to contact me at _____
(Telephone Number)

Thank you for your assistance.

JOS/Worker Signature

Date

Account Verification (Part II)

Information Section (Section A)

Date	Case Name
Financial Institution	Case Number
Address	Eligibility Specialist

Reply Section (Section B)

Bank Account Number:

Name(s) on Account	Account Number	Type (checking, savings, etc.)	Date Account Opened	Balance as of		Date Account Closed
				Date	Amount	
OBsolete						
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	

Are these accounts in an irrevocable trust? Yes No

I certify that this information is correct to the best of my knowledge.

Signature

Date

Title

Phone Number