

New York State Department of Taxation and Finance

Contractor Certification to Covered Agency (Pursuant to Section 5-a of the Tax Law, as amended, effective April 26, 2006)

ST-220-

(6/06)

-or information, consult rubilcation	1 220, 000000	ris and Answers	Concerning Tax La	IW Section 5-a (Se	e Need Hel	pron back).		
Contractor name						For covered agency use only		
HealthNow New York Inc.						Contract number or description		
Contractor's principal place of business	City State ZIP code							
257 West Genesee St	В	uffalo	NY	14202				
Contractor's mailing address (if different that P.O. Box 80 Buffalo, NY 14240-0				19 19	the full term (ontract value over of contract (but n	r not	
Contractor's federal employer identification	s tay ID number /// differen	at from contractor's EINI\	including ren	ewals)				
16-1105741		Contractor's sales tax ID number (if different from contractor's EIN) EX-102016			\$			
Contractor's telephone number 716 887-6900	Covered agenc New York S	y name tate Deptment (of Civil Service		PI:			
Covered agency address Empire State Plaza, Swan Street Building, 1st Floor, Albany, NY 12239					Covered agency telephone number 518 457-575			
Stephen T. Swift	he	rehv affirm und	ler penalty of perjur	ny that Lam Exe	ecutive VP	& CFO		
(name)	, 110	coby amirin, and	criperially or perjui	y, macrani		(title)	-	
of the above-named contractor, the	at I am author	ized to make th	is certification on b	ehalf of such co	ntractor, an	d I further ce	rtify	
Mark an X in only one box)								
The contractor has filed Form ST- contractor's knowledge, the inform					h this contrac	ct and, to the b	est o	
The contractor has previously file	d Form ST-220	TD with the Tay	Denartment in conne	ction with NYS F	lealth Insur	ance Progran	n	
					sert contract number or description)			
and, to the best of the contractor's as of the current date, and thus the					220-TD, is co	orrect and com	plete	
Sworn to this 13 day ofJu	<u>lly</u> , 20	20						
	Executive Vice President &					CFO		
usign delore a note	ry public)		**	(titl	e)			

Instructions

General information

Noting Pc. Ic. State of New York after that date, in all cases where a contract is subject to Tax-Law section 5-a, a contractor must file (1) Form ST-220-CA, Contractor Certification to Covered Agency, with a covered agency, and (2) Form ST-220-TD with the Tax Department before a contract may take effect. The circumstances when a contract is subject to section 5-a are listed in Publication 223, Q&A 3. This publication is available on our Web site, by fax, or by mail. (See Need help? for more information on how to obtain this publication.) In addition, a contractor must file a new Form ST-220-CA with a covered agency before an existing contract with such agency may be renewed.

If you have questions, please call our information center at 1 800 698-2931.

Note: Form ST-220-CA must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement

When to complete this form

As set forth in Publication 223, a contract is subject to section 5-a, and you must make the required certification(s), if:

- i. The procuring entity is a covered agency within the meaning of the statute (see Publication 223, Q&A 5);
- The contractor is a contractor within the meaning of the statute (see Publication 223, Q&A 6); and
- iii. The contract is a contract within the meaning of the statute. This is the case when it (a) has a value in excess of \$100,000 and (b) is a contract for commodities or services, as such terms are defined for purposes of the statute (see Publication 223, Q&A 8 and 9).

Furthermore, the procuring entity must have begun the solicitation to purchase on or after January 1, 2005, and the resulting contract must have been awarded, amended, extended, renewed, or assigned on or after April 26, 2006 (the effective date of the section 5-a amendments).

Individual, Corporation, Partnership, or LLC Acknowledgment

STATE OF New York } : SS.:	
COUNTY OF Erie }	
On the day of July in the year 2020, before	ore me personally appeared Stephen T. Swift
	instrument, who, being duly sworn by me did depose and say that
Town of City of Buffalo	
County of Erie	
State of New York ; and further that:	
[Mark an X in the appropriate box and complete the accomp	panying statement.]
$\hfill \square$ (If an individual): _he executed the foregoing instrumen	t in his/her name and on his/her own behalf.
☐ (If a corporation): _he is the Executive Vice President 8	k CFO
of HealthNow New York Inc. of Directors of said corporation, he is authorized to ex-	ion described in said instrument; that, by authority of the Board ecute the foregoing instrument on behalf of the corporation for athority, _he executed the foregoing instrument in the name of and on
(If a partnership): _he is a	
partnership, _he is authorized to execute the foregoing	nip described in said instrument; that, by the terms of said instrument on behalf of the partnership for purposes set forth ed the foregoing instrument in the name of and on behalf of said
on behalf of the limited liability company for purposes s	member of, rument; that _he is authorized to execute the foregoing instrument set forth therein; and that, pursuant to that authority, _he executed of said limited liability company as the act and deed of said limited
Notary Public	Karen L. Russell Notary Public, State of New York Qualified in Erie County My Commission Expires January 20, 20

Registration No. 01 KW 6318 214

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties. or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.

Need help?



Internet access: www.nystax.gov (for information, forms, and publications)



Fax-on-demand forms:

1 800 748-3676

Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time),

Monday through Friday. 1 800 698-2931

To order forms and publications: From areas outside the U.S. and outside Canada: 1 800 462-8100 (518) 485-6800

Hearing and speech impaired (telecommunications

device for the deaf (TDD) callers only):

1 800 634-2110

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 972-1233.