

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

2012

RECEIVED JAN 17 2013

II Client Information

Name: **ECOLOGY AND ENVIRONMENT, INC.**
Permanent Business Address: **368 PLEASANT VIEW DRIVE**
City: **LANCASTER,** State: **NY** ZIP code: **14086**
Phone: **(716) 684-8060**

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 addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity:

Description of Business Relationship(s):

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

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

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities:

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: **GROSS**

State Person First Name: **MICHAEL**

Agency or Legislative Body of Employment: **DIVISION OF TAXATION AND FINANCE**

Public Office Address: **77 BROADWAY**

City: **BUFFALO**

State: **NY**

ZIP code: **14203**

Phone: **(716) 444-6023**

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$ **35,545** .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): **\$ 35,545 .00**

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

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

Check here if using addendum sheet for additional State Person(s):

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: **1-15-13**

PRINT NAME: LAST **NEUMAIER**

FIRST **KEVIN S.**

Mark One: Chief Administrative Officer

Designee(Attach Letter)