



New York State Department of Taxation and Finance

Personal Income Tax MeF Acceptance Testing System for Tax Year 2015

TEST ID: 1035

Forms Included: IT-201, IT-201-ATT, IT-212-ATT, IT-212, IT-643, IT-607, IT-634, IT-635 and IT-636

Test Notes: Apply non-refundable credit IT-643 then IT-212

Return specific information:

- Prime taxpayer: Alan Indigo born on 12-07-1974
- Filing Single; no dependents
- Taxpayer chooses standard deduction
- Taxpayer brews beer. For IT-212 Part 3, refer to column B “principal use of property” to determine if the investment is in manufacturing and production (credit calculated in column F) or in research and development (credit calculated in column G.)
- IT-635: employee Alice Ice was employed full time for the entire year.

Address any questions via e-mail to NYSPLITMEF@tax.ny.gov

Personal Income Tax MeF publications and forms: http://www.tax.ny.gov/pit/efile/pit_mef_publications_2014.htm

Current Schema and State Spreadsheet available at: http://www.tax.ny.gov/bus/efile/swd_income.htm

Your social security number

Federal income and adjustments (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc.	1		00
2	Taxable interest income	2		00
3	Ordinary dividends	3		00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4		00
5	Alimony received	5		00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6		00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7		00
8	Other gains or losses (submit a copy of federal Form 4797)	8		00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9		00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10		00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11		00
12	Rental real estate included in line 11	12		00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13		00
14	Unemployment compensation	14		00
15	Taxable amount of social security benefits (also enter on line 27)	15		00
16	Other income (see page 14) Identify:	16		00
17	Add lines 1 through 11 and 13 through 16	17		00
18	Total federal adjustments to income (see page 14) Identify:	18		00
19	Federal adjusted gross income (subtract line 18 from line 17)	19		00

New York additions (see page 15)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20		00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)	21		00
22	New York's 529 college savings program distributions (see page 15)	22		00
23	Other (Form IT-225, line 9)	23		00
24	Add lines 19 through 23	24		00

New York subtractions (see page 16)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25		00
26	Pensions of NYS and local governments and the federal government (see page 16)	26		00
27	Taxable amount of social security benefits (from line 15)	27		00
28	Interest income on U.S. government bonds	28		00
29	Pension and annuity income exclusion (see page 16)	29		00
30	New York's 529 college savings program deduction/earnings	30		00
31	Other (Form IT-225, line 18).....	31		00
32	Add lines 25 through 31	32		00
33	New York adjusted gross income (subtract line 32 from line 24)	33		00

2D barcode clear area
approximate size
1 3/4" X 1 1/4"

Standard deduction or itemized deduction (see page 18)

34	Enter your standard deduction (table on page 18) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34		00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35		00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 18)	36		000 00
37	Taxable income (subtract line 36 from line 35)	37		00



Name(s) as shown on page 1

Your social security number

Tax computation, credits, and other taxes

Table with 3 columns: Line number, Description, and Amount. Rows include Taxable income (38), NYS tax on line 38 amount (39), NYS household credit (40), Resident credit (41), Other NYS nonrefundable credits (42), Add lines 40, 41, and 42 (43), Subtract line 43 from line 39 (44), Net other NYS taxes (45), and Total New York State taxes (46).

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

Table with 3 columns: Line number, Description, and Amount. Rows include NYC resident tax on line 38 amount (47), NYC household credit (48), Subtract line 48 from line 47 (49), Part-year NYC resident tax (50), Other NYC taxes (51), Add lines 49, 50, and 51 (52), NYC nonrefundable credits (53), Subtract line 53 from line 52 (54), MCTMT net earnings base (54a), MCTMT (54b), Yonkers resident income tax surcharge (55), Yonkers nonresident earnings tax (56), Part-year Yonkers resident income tax surcharge (57), Total New York City and Yonkers, taxes / surcharges and MCTMT (58), and Sales or use tax (59).

See instructions on pages 20, 21, and 22 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

2D barcode clear area approximate size 1 3/4" X 1 1/4"

Voluntary contributions (see page 24)

Table with 3 columns: Line number, Description, and Amount. Rows include 60a Return a Gift to Wildlife, 60b Missing/Exploited Children Fund, 60c Breast Cancer Research Fund, 60d Alzheimer's Fund, 60e Olympic Fund (\$2 or \$4; see page 24), 60f Prostate and Testicular Cancer Research and Education Fund, 60g 9/11 Memorial, 60h Volunteer Firefighting & EMS Recruitment Fund, 60i Teen Health Education, 60j Veterans Remembrance, 60k Homeless Veterans, Total voluntary contributions (60), and Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (61).

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Your social security number

62 Enter amount from line 61 **62** **00**

Payments and refundable credits (see page 25)

63	Empire State child credit	63	00
63a	Family tax relief credit	63a	00
64	NYS/NYC child and dependent care credit	64	00
65	NYS earned income credit (EIC)	65	00
66	NYS noncustodial parent EIC	66	00
67	Real property tax credit	67	00
68	College tuition credit	68	00
69	NYC school tax credit (also complete F on page 1; see page 25)	69	00
70	NYC earned income credit	70	00
70a	NYC enhanced real property tax credit	70a	00
71	Other refundable credits (Form IT-201-ATT, line 18)	71	00
72	Total New York State tax withheld	72	00
73	Total New York City tax withheld	73	00
74	Total Yonkers tax withheld	74	00
75	Total estimated tax payments and amount paid with Form IT-370	75	00

2D barcode clear area
approximate size
1 3/4" X 1 1/4"

If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page XX).

76 Total payments (add lines 63 through 75) **76** **00**

Your refund, amount you owe, and account information (see pages 27 through 30)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) **77** **00**

78 Amount of line 77 to be refunded
Mark one refund choice: direct deposit (fill in line 83) - or - debit card - or - paper check ... **78** **00**

79 Amount of line 77 that you want applied to your 2016 estimated tax (see instructions) **79** **00**
See pages 27 and 28 for information about your three refund choices.

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return. **80** **00**
See page 29 for payment options.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 28) **81** **00**
See page 31 for the proper assembly of your return.

82 Other penalties and interest (see page 29) **82** **00**

83 Account information for direct deposit or electronic funds withdrawal (see page 29).
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 29)

83a Account type: Personal checking - or - Personal savings - or - Business checking - or - Business savings

83b Routing number 83c Account number

84 Electronic funds withdrawal (see page 30) Date Amount **00**

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRN	NYTPRN excl. code
Preparer's signature	Preparer's printed name		
Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN		
Address	Employer identification number		
	Date		
E-mail:			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number ()
E-mail:	

See instructions for where to mail your return.

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Department of Taxation and Finance
Other Tax Credits and Taxes
Attachment to Form IT-201

IT-201-ATT

See the instructions for completing Form IT-201-ATT in the instructions for Form IT-201. Submit this form with your Form IT-201.

Name(s) as shown on your Form IT-201
Your social security number

A Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government (NYS Penal Law Article 200, 496, or section 195.20)? (see instructions) Yes No

Part 1 - Other New York State, New York City, and Yonkers tax credits

Section A - New York State nonrefundable, non-carryover credits used

Whole dollars only

1 Accumulation distribution credit (submit computation) 1 00

2 Other nonrefundable, non-carryover credits

Table with columns for Code, Amount, and Total other nonrefundable, non-carryover credits (add lines 2a and 2b) 2 00

Section B - New York State nonrefundable, carryover credits used

3 Long-term care insurance credit 3 00

4 Investment credit 4 00

5 Solar energy system equipment credit 5 00

6 Other nonrefundable, carryover credits

Table with columns for Code, Amount, and Total other nonrefundable, carryover credits (add lines 6a through 6n) 6 00

7 Total New York State nonrefundable credits used (add lines 1 through 6; enter here and on Form IT-201, line 42) 7 00

Section C - New York City nonrefundable, non-carryover credits used

8 New York City resident UBT credit 8 00

8a New York City resident GCT credit 8a 00

9 New York City accumulation distribution credit (submit computation) 9 00

9a Part-year resident nonrefundable NYC child and dependent care credit 9a 00

10 Total other New York City nonrefundable credits used (add lines 8, 8a, 9, and 9a; enter here and on Form IT-201, line 53) 10 00

Section D - New York State, New York City, Yonkers, and MCTMT refundable credits

11 Farmers' school tax credit 11 00

12 Other refundable credits

Table with columns for Code, Amount, and Total other refundable credits (add lines 12a through 12l) 12 00

13 Add lines 11 and 12 13 00

(continued on back)

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Your social security number

Part 1, Section D – New York State, New York City, Yonkers, and MCTMT refundable credits (continued)

14 Enter amount from line 13 on the front page	14	00
15 New York State claim of right credit	15	00
16 New York City claim of right credit	16	00
17 Yonkers claim of right credit	17	00
17a MCTMT (metropolitan commuter transportation mobility tax) claim of right credit	17a	00
18 Total New York State, New York City, Yonkers, and MCTMT other refundable credits (add lines 14 through 17a; enter here and on Form IT-201, line 71)	18	00

Part 2 – Other New York State taxes (submit all applicable forms)

If you are subject to other New York State taxes, **complete Part 2.**

19 New York State tax on capital gain portion of lump-sum distributions (Form IT-230)	19	00
20 Other New York State taxes		

Code	Amount	Code	Amount
20a	00	20g	00
20b	00	20h	00
20c	00	20i	00
20d	00	20j	00
20e	00	20k	00
20f	00	20l	00

Total other New York State taxes (add lines 20a through 20l) **20** 00

21 Add lines 19 and 20	21	00
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22 See instructions for line 22	22	00
23 Enter amount from Form IT-201 , line 39	23	00
24 Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank)	24	00
25 Subtract line 24 from line 21 (if line 24 is more than line 21, leave blank)	25	00

26 New York State separate tax on lump-sum distributions (Form IT-230)	26	00
---	----	----

27 Resident credit against separate tax on lump-sum distributions	27	00
--	----	----

28 Subtract line 27 from line 26	28	00
--	----	----

29 This line intentionally left blank	29	
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30 Net other New York State taxes (add lines 25 and 28; enter here and on Form IT-201, line 45)	30	00
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Part 3 – Other New York City taxes (submit all applicable forms)

31 This line intentionally left blank	31	
32 New York City resident separate tax on lump-sum distributions (Form IT-230)	32	00
33 New York City tax on capital gain portion of lump-sum distributions (Form IT-230)	33	00
34 Total other New York City taxes (add lines 32 and 33; enter here and on Form IT-201, line 51)	34	00





Claim for Historic Barn Rehabilitation Credit And Employment Incentive Credit

IT-212-ATT

Name(s) as shown on return	Identifying number as shown on return
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Use this form to claim an investment credit for qualified expenditures in the rehabilitation of a historic barn, or to claim the employment incentive credit. **Submit this form with Form IT-212.**

Schedule A – Historic barn rehabilitation credit

Part 1 – Eligibility criteria for claiming this credit (see instructions, Form IT-212-ATT-I, for assistance)

Complete questions 1 through 10 to determine if you are eligible to claim this credit. If you mark an **X** in the **Yes** box on line 1 or 6, or the **No** box on line 5, 9, or 10, **stop**; you cannot claim this credit.

- 1 Has the barn been converted to residential use? (If you mark Yes, **stop**; you cannot claim this credit.) Yes No
- 2 Is the barn listed in the National Register of Historic Places? (see instructions) Yes No
If Yes, the barn's rehabilitation must be certified by the federal Secretary of Interior or the New York State Office of Parks, Recreation and Historic Preservation. Submit a copy of the certification (see TSB-M-97(1)I).
- 3 If you answered No to question 2, is the barn located in a registered historic district? Yes No
- 4 If you answered Yes to question 3, is the barn of historic significance to the district? Yes No
If Yes, the barn must be a certified historic structure, and the barn's rehabilitation must be certified by the federal Secretary of Interior or the New York State Office of Parks, Recreation and Historic Preservation. Submit a copy of the certification. If No, submit documentation from the Office of Parks, Recreation and Historic Preservation stating the barn is of no historic significance to the district (see TSB-M-97(1)I).
- 5 If you answered No to questions 2 and 3, was the barn originally designed and used for storing farm equipment or agricultural products or for housing livestock, and was the barn first placed into service before 1936? Yes No
(If you mark No, **stop**; you cannot claim this credit.)
- 6 Has the historic appearance of the barn been materially altered? (If you mark Yes, **stop**; you cannot claim this credit.) Yes No
If No, submit a copy of the letter from the New York State Office of Parks, Recreation and Historic Preservation stating that the historic appearance of the barn has not been materially altered (see TSB-M-97(1)I).
- 7 Describe the measurement period used to determine whether the barn has been substantially rehabilitated (See instructions.) _____

- 8 What is the adjusted basis of the barn as of the first day of the measurement period?.....

8	.00
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- 9 Do the expenditures incurred during the measurement period to rehabilitate the barn exceed the higher of the amount shown in question 8 or \$5,000? (If you mark No, **stop**; you cannot claim this credit.) Yes No
- 10 Did you use the straight-line method of depreciation over a recovery period specified in either section 168(c) or section 168(g) of the Internal Revenue Code (IRC), whichever is applicable to you? Yes No
(If you mark No, **stop**; you cannot claim this credit.)

Part 2 – Investments in qualified rehabilitation expenditures

Date rehabilitation work was begun (mm-dd-yyyy)			Date rehabilitation work was completed (mm-dd-yyyy)	
A Description of rehabilitation expenditures <i>(submit additional sheets if necessary)</i>	B Date of expenditure(s)	C Property's useful life (years)	D Amount of expenditures	E Rehabilitation credit <i>(column D × 25%)</i>
			.00	.00
			.00	.00
			.00	.00
11 Add column E amounts (enter here and on Form IT-212, line 23).....			11	.00

(continued on back)



Part 3 – Early dispositions of qualified property and addback of credit on early dispositions

A Description of rehabilitation expenditures <i>(submit additional sheets if necessary)</i>	B Date acquired	C Date property ceased to qualify	D Property's useful life <i>(months)</i>	E Unused life <i>(months)</i>	F Percentage <i>(E ÷ D)</i>	G Total investment credit allowed for rehabilitation of a historic barn	H Addback of credit on early dispositions <i>(F × G)</i>	
						.00	.00	
						.00	.00	
						.00	.00	
12 Add column H amounts <i>(enter here and on Form IT-212, line 27)</i>							12	.00

Schedule B – Employment incentive credit

Part 1 – Eligibility for employment incentive credit

A Year	B Mar. 31	C June 30	D Sept. 30	E Dec. 31	F Total <i>(B + C + D + E)</i>	G Average <i>(see instr.)</i>	H* Percent %
A. Use with Part 2, line 17; first succeeding tax year							
13 Number of New York State employees in employment base year _____							
14 Number of New York State employees in credit year _____							
B. Use with Part 2, line 18; second succeeding tax year							
15 Number of New York State employees in employment base year _____							
16 Number of New York State employees in credit year _____							

* Divide the average number of employees in the credit year by the average number of employees in base year (column G). Round the result to two decimal places. If the percentage in column H is less than 101% (1.01), **stop**; you do not qualify for the employment incentive credit.

Part 2 – Computation of employment incentive credit

	A Tax year in which investment tax credit was allowed	B Amount of investment credit base upon which original investment tax credit was allowed <i>(exclude research and development (R&D) property at optional rate)</i>	C Employment incentive credit <i>(multiply column B by the appropriate rate from Tax rate schedule below)</i>
17 Information for first succeeding tax year; use line 14, column H, to determine rate			.00
18 Information for second succeeding tax year; use line 16, column H, to determine rate			.00
19 Add column C amounts from lines 17 and 18 <i>(enter here and on Form IT-212, line 24)</i>			19 .00

Tax rate schedule – Employment incentive credit rates to be used in Part 2 above

If the percentage in Part 1, column H is at least:

The employment incentive credit rate is:

- 101% but less than 102% 1½% (.015) of investment credit base
- 102% but less than 103% 2% (.02) of investment credit base
- 103% 2½% (.025) of investment credit base





Investment Credit

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return	Type of business	Identifying number as shown on return
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Date you started your business in New York State	Location of the qualified property <i>(if more than one, submit a schedule)</i>	NAICS code <i>(see instructions)</i>
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Part 1 – Computation of credit *(see Form IT-212-I, Instructions for Form IT-212)*

Individual or fiduciary	1	Credit from line 25, column F	1	.00
	2	Credit from line 25, column G	2	.00
Beneficiary	3	Share of investment tax credit from the estate or trust.....	3	.00
	4	Share of research and development credit from the estate or trust	4	.00
Partner	Partnership name: <input style="width:300px;" type="text"/>			
	Employer identification number <input style="width:200px;" type="text"/>			
	5	Partner's share of credit shown on Form IT-204-IP, line 49	5	.00
	6	Partner's share of credit shown on Form IT-204-IP, line 50	6	.00
S corporation shareholder	S corporation name: <input style="width:300px;" type="text"/>			
	Employer identification number <input style="width:200px;" type="text"/>			
	7	Shareholder's share of investment credit from the S corporation <i>(see instructions)</i> ..	7	.00
	8	Shareholder's share of research and development credit from the S corporation <i>(see instr.)</i>	8	.00
	9	Total <i>(add lines 1 through 8)</i>	9	.00
	10	Fiduciaries: Enter credit allocated to beneficiaries	10	.00
	11	Subtract line 10 from line 9	11	.00
	12	Available carryover credit from last year's Form IT-212	12	.00
	13	Investment credit <i>(add lines 11 and 12)</i>	13	.00
	14	Total addback of credit from line 21 <i>(fiduciaries: see instructions)</i>	14	.00
	15a	Total investment credit <i>(see instructions)</i>	15a	.00
	15b	Net investment credit recapture <i>(see instructions)</i>	15b	.00

Part 2 – Summary of addback of credit on early dispositions *(see instructions)*

16	Individual's and partnership's addback of credit on early dispositions <i>(from line 31)</i>	16	.00
17	Beneficiary's share of addback of credit on early dispositions	17	.00
18	Partner's share of addback of credit on early dispositions	18	.00
19	S corporation shareholder's share of addback of credit on early dispositions	19	.00
20	Estate's or trust's addback of credits on early dispositions <i>(from line 31)</i>	20	.00
21	Total <i>(add lines 16 through 20)</i>	21	.00



Part 3 – Investments in qualified property (see instructions)

A – Description of property (list each asset and submit a schedule if needed)	B – Principal use of property	C – Date acquired	D – Useful life in years	E – Investment credit base	F – Investment credit for manufacturing and production, retail enterprise, waste treatment, and pollution control property (column E × 4% (.04))	G – Investment credit for research and development property (column E × 7% (.07))
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00
23 Enter amount from Form IT-212-ATT, line 11				23	.00	
24 Enter amount from Form IT-212-ATT, line 19, column C				24	.00	
25 Total investment credit (add amounts in columns F and G)				25	.00	.00

Individuals: Enter the line 25, column F amount on line 1. Enter the line 25, column G amount on line 2.

Fiduciaries: Enter the line 25, column F amount on line 1 and on the *Total* line of Part 5, column C.

Enter the line 25, column G amount on line 2 and on the *Total* line of Part 5, column D.

Partnerships: See instructions.

Part 4 – Early dispositions of qualified property and addback of credit on early dispositions (see instructions)

A – Description of property (list each asset and submit a schedule if needed)	B – Date acquired	C – Date property ceased to qualify	D – Life (months)	E – Unused life (months)	F – Percentage (E ÷ D)	G – Total investment credit allowed (see instructions)	H – Addback of credit on early dispositions (F × G)
						.00	.00
						.00	.00
						.00	.00
						.00	.00
27 Enter amount from Form IT-212-ATT, line 12						27	.00
28 Total (add lines 26 and 27, column H, and enter total here)						28	.00
29 Interest rate						29	
30 Multiply line 28 by line 29						30	.00
31 Total addback of credit on early dispositions (add amounts on lines 28 and 30)						31	.00

Fiduciaries: Enter the line 31 amount on line 20.

All others: Enter the line 31 amount on line 16.

Part 5 – Beneficiary's and fiduciary's share of investment credit and addback of credit on early dispositions

A – Beneficiary's name (same as in Form IT-205, Schedule C)	B – Identifying number	C – Share of investment credit for manufacturing and production, retail enterprise, waste treatment, and pollution control property	D – Share of investment credit for research and development property	E – Share of addback of credit on early dispositions
Total		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
Fiduciary		.00	.00	.00

Part 6 – Application of credit and computation of refund and carryover (see instructions)

32a Total credit (from line 15a)	32a	.00
32b Tax due before credits	32b	.00
33 Credits that you applied before this credit	33	.00
34 Net tax (subtract line 33 from line 32b)	34	.00
35 Amount of credit used for the current tax year	35	.00
36 Amount of credit available for refund or carryover to next year (subtract line 35 from line 32a)	36	.00
37 Amount of credit to be refunded	37	.00
38 Amount of credit available for carryover to next year (subtract line 37 from line 36)	38	.00
39 Unused expired tax credits (see instructions) Enter the earliest year (yyyy) of unused credit carryover included in the carryforward... <input type="text"/>	39	.00
40 Amount of credit to be carried over to next year (subtract line 39 from line 38)	40	.00





Department of Taxation and Finance
Hire a Veteran Credit
 Tax Law – Article 22, Section 606(a-2)

IT-643

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return	Identifying number as shown on return

Schedule A – Individual (including sole proprietor), partnership, and estate or trust (see instructions)

A Business's employer identification number (EIN) **A**

B Enter the total number of employees claimed for this credit **B**

C If you have the **required** Form DTF-75 for each veteran for whom you are claiming this credit, mark an **X** in the box (see *Employee affidavit* in instructions). **C**

Part 1 – Computation of credit for qualified veterans

A Veteran's name			B Social security number of qualified veteran	C Employment period <i>(see instructions)</i>	D Wages paid <i>(see instructions)</i>	E Multiply column D by 10% (.10)	F Enter lesser of column E or \$5,000
First name	MI	Last name					
					00	00	00
					00	00	00
					00	00	00
					00	00	00

1 Total column F amounts from additional Form(s) IT-643, if any	1		00
2 Total of column F amounts (including any amount from line 1)	2		00

Part 2 – Computation of credit for qualified disabled veterans

A Veteran's name			B Social security number of qualified disabled veteran	C Employment period <i>(see instructions)</i>	D Wages paid <i>(see instructions)</i>	E Multiply column D by 15% (.15)	F Enter lesser of column E or \$15,000
First name	MI	Last name					
					00	00	00
					00	00	00
					00	00	00
					00	00	00

3 Total column F amounts from additional Form(s) IT-643, if any	3		00
4 Total of column F amounts (including any amount from line 3)	4		00
5 Total credit (add lines 2 and 4)	5		00

Individuals and partnerships: Enter the line 5 amount on line 12.
Fiduciaries: Include the line 5 amount on line 8.

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Schedule B – Partner’s, shareholder’s, or beneficiary’s share of credit (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the credit from that entity, complete the following information for each partnership, New York S corporation, or estate or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

A Name of entity	B Type	C Employer identification number	D Share of credit
			00
			00
			00

6 Total column D amounts from additional Form(s) IT-643, if any **6** 00

7 Total of column D amounts (including any amount from line 6) **7** 00

Fiduciaries: Include the line 7 amount on line 8.
All others: Enter the line 7 amount on line 13.

Schedule C – Beneficiary’s and fiduciary’s share of credit (see instructions)

8 Total (fiduciaries: add line 5 and line 7) **8** 00

A Beneficiary’s name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of credit
		00
		00
		00
		00

9 Total column C amounts from additional Form(s) IT-643, if any **9** 00

10 Share of credit allocated to beneficiaries (add column C amounts, including any amount from line 9) **10** 00

11 Fiduciary’s share (subtract line 10 from line 8; enter here and on line 14) **11** 00



Schedule D – Computation of credit

Individuals and partnerships	12	Enter the amount from line 5	12		00
Partners, S corporation shareholders, beneficiaries	13	Enter the amount from line 7	13		00
Fiduciaries	14	Enter the amount from line 11	14		00
	15	Total credit (add lines 12 through 14)	15		00

Partnerships: Enter the line 15 amount and code **643** on Form IT-204, line 147.

All others: Complete Schedule E.

Schedule E – Application of credit and computation of carryover

16	Tax due before credits (see instructions).....	16		00
17	Tax credits claimed before this credit (see instructions).....	17		00
18	Subtract line 17 from line 16	18		00
19	Credit used for the current tax year (enter the amount from line 15 or line 18, whichever is less; see instr.).....	19		00
20	Amount of credit available for carryover to next year (subtract line 19 from line 15)	20		00





Claim for Excelsior Jobs Program Tax Credit

Tax Law - Sections 31 and 606(qq)

IT-607

Calendar-year filers, mark an X in the box:

Other filers enter tax period:

beginning and ending

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

You must also submit a copy of the certificate(s) of tax credit issued by Empire State Development (ESD).

Name(s) as shown on return	Identifying number as shown on return
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A Year of eligibility (enter a number from 1 to 10; see instructions)..... **A**

Schedule A – Credit components (see instructions)

Part 1 – Excelsior jobs tax credit component (see instructions)

Individual (including sole proprietor), partnership, fiduciary	1	Enter your excelsior jobs tax credit component	1	.00
Partner	2	Enter your share of the excelsior jobs tax credit component from your partnership(s)	2	.00
S corporation shareholder	3	Enter your share of the excelsior jobs tax credit component from your S corporation(s)	3	.00
Beneficiary	4	Enter your share of the excelsior jobs tax credit component from the estate(s) or trust(s)	4	.00
	5	Total excelsior jobs tax credit component (add lines 1 through 4; see instructions)	5	.00

Part 2 – Excelsior investment tax credit component (see instructions)

Individual (including sole proprietor), partnership, fiduciary	6	Enter your excelsior investment tax credit component	6	.00
Partner	7	Enter your share of the excelsior investment tax credit component from your partnership(s)	7	.00
S corporation shareholder	8	Enter your share of the excelsior investment tax credit component from your S corporation(s)	8	.00
Beneficiary	9	Enter your share of the excelsior investment tax credit component from the estate(s) or trust(s)	9	.00
	10	Total excelsior investment tax credit component (add lines 6 through 9; see instructions)	10	.00

Part 3 – Excelsior research and development tax credit component (see instructions)

Individual (including sole proprietor), partnership, fiduciary	11	Enter your excelsior research and development tax credit component	11	.00
Partner	12	Enter your share of the excelsior research and development tax credit component from your partnership(s)	12	.00
S corporation shareholder	13	Enter your share of the excelsior research and development tax credit component from your S corporation(s)	13	.00
Beneficiary	14	Enter your share of the excelsior research and development tax credit component from the estate(s) or trust(s)	14	.00
	15	Total excelsior research and development tax credit component (add lines 11 through 14; see instructions)	15	.00



Part 4 – Excelsior real property tax credit component (see instructions)

Individual (including sole proprietor), partnership, fiduciary	16	Enter your excelsior real property tax credit component ...	16	.00
Partner	17	Enter your share of the excelsior real property tax credit component from your partnership(s)	17	.00
S corporation shareholder	18	Enter your share of the excelsior real property tax credit component from your S corporation(s)	18	.00
Beneficiary	19	Enter your share of the excelsior real property tax credit component from the estate(s) or trust(s)	19	.00
	20	Total excelsior real property tax credit component (add lines 16 through 19; see instructions)	20	.00

21 Excelsior jobs program tax credit (add lines 5, 10, 15, and 20) **21** .00

Fiduciaries: Complete Schedule C.

Individuals (including sole proprietors), partners, S corporation shareholders, and beneficiaries: Enter the line 21 amount on line 22.

Schedule B – Partnership, S corporation, estate, and trust information (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the excelsior jobs program tax credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name	Type	Employer ID number

Schedule C – Beneficiary’s and fiduciary’s share of credit components and recapture of credit (see instr.)

A Beneficiary’s name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of excelsior jobs tax credit component	D Share of excelsior investment tax credit component	E Share of excelsior research and development tax credit component	F Share of excelsior real property tax credit component	G Share of recapture of credit
Total		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
		.00	.00	.00	.00	.00
Fiduciary		.00	.00	.00	.00	.00

Schedule D – Computation of credit (see instructions)

Individuals (including sole proprietors), partners, S corporation shareholders, beneficiaries	22	Enter the amount from line 21	22	.00
Fiduciaries	23	Enter the amount from Schedule C, <i>Fiduciary</i> line, column C	23	.00
	24	Enter the amount from Schedule C, <i>Fiduciary</i> line, column D	24	.00
	25	Enter the amount from Schedule C, <i>Fiduciary</i> line, column E	25	.00
	26	Enter the amount from Schedule C, <i>Fiduciary</i> line, column F	26	.00
	27	Total excelsior jobs program tax credit (add lines 22 through 26; see instructions)	27	.00

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Schedule E – Summary of recapture of credit (see instructions)

28 Individual's and partnership's recapture of credit	28	.00
29 Beneficiary's share of recapture of credit (see instructions)	29	.00
30 Partner's share of recapture of credit (see instructions)	30	.00
31 S corporation shareholder's share of recapture of credit (see instructions)	31	.00
32 Fiduciaries: enter your share of amount from Schedule C, <i>Fiduciary</i> line, column G	32	.00
33 Total (add lines 28 through 32)	33	.00

Individuals (including sole proprietors), partners, S corporation shareholders, and beneficiaries: Enter the line 33 amount and code **607** on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.

Fiduciaries: Include the line 33 amount on Form IT-205, line 12.

Partnerships: Enter the line 33 amount and code **607** on Form IT-204, line 148.





Department of Taxation and Finance

Empire State Jobs Retention Program Credit

Tax Law - Sections 36 and 606(tt)

IT-634

Calendar-year filers, mark an X in the box:

Other filers enter tax period:

beginning and ending

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

You must also submit a copy of the certificate(s) of tax credit issued by Empire State Development (ESD).

Name(s) as shown on return	Identifying number as shown on return
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A Year of eligibility (enter a number from 1 to 10; see instructions)..... **A**

Schedule A – Credit computation (see instructions)

Individual (including sole proprietor), partnership, fiduciary	1	Enter your Empire State jobs retention program credit	1	.00
Partner	2	Enter your share of the Empire State jobs retention program credit from your partnership(s)	2	.00
S corporation shareholder	3	Enter your share of the Empire State jobs retention program credit from your S corporation(s)	3	.00
Beneficiary	4	Enter your share of the Empire State jobs retention program credit from the estate(s) or trust(s)	4	.00
	5	Total Empire State jobs retention program credit (add lines 1 through 4; see instructions)	5	.00

Schedule B – Partnership, S corporation, estate, and trust information (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the Empire State jobs retention program credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name	Type	Employer ID number

Schedule C – Beneficiary's and fiduciary's share of credit and recapture of credit (see instructions)

A Beneficiary's name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of credit	D Share of recapture of credit
Total		.00	.00
		.00	.00
		.00	.00
Fiduciary		.00	.00

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Schedule D – Summary of recapture of credit (see instructions)

6 Individual's and partnership's recapture of credit	6	.00
7 Beneficiary's share of recapture of credit (see instructions)	7	.00
8 Partner's share of recapture of credit (see instructions)	8	.00
9 S corporation shareholder's share of recapture of credit (see instructions)	9	.00
10 Fiduciaries: enter your share of amount from Schedule C, <i>Fiduciary</i> line, column D	10	.00
11 Total (see instructions)	11	.00

Individuals (including sole proprietors), partners, S corporation shareholders, and beneficiaries: Enter the line 11 amount and code **634** on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.

Fiduciaries: Include the line 11 amount on Form IT-205, line 12.

Partnerships: Enter the line 11 amount and code **634** on Form IT-204, line 148.





Urban Youth Jobs Program Tax Credit

Tax Law – Article 22, Section 606(tt)

IT-635

Calendar-year filers, mark an X in the box:

Other filers enter tax period:

beginning and ending

Submit this form with Form IT-201, IT-203, IT-204, or IT-205. You must also submit a copy of the certificate of tax credit issued by the New York State (NYS) Department of Labor.

Name(s) as shown on return	Taxpayer identification number
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A Name of the business certified by the NYS Department of Labor to participate in the Urban Youth Jobs Program **A**

B Certified business's EIN **B**

C Number of certified youth employed full-time and included in this claim for credit **C**

D Number of certified youth employed part-time and included in this claim for credit **D**

Schedule A – Credit for certified youths

1 Urban youth jobs program tax credit (see instructions)	1	.00
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Schedule B – Partner's, shareholder's, or beneficiary's share of credit (see instructions)

Partner	2	Enter your share of the credit from your partnership(s)	2	.00
S corporation shareholder	3	Enter your share of the credit from your S corporation(s).....	3	.00
Beneficiary	4	Enter your share of the credit from the estate(s) or trust(s)....	4	.00
	5	Total credit allowed (add lines 1 through 4; see instructions)	5	.00

Schedule C – Beneficiary's and fiduciary's share of credit

A Beneficiary's name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of tax credit
Total (from line 5)		.00
		.00
		.00
Fiduciary		.00



Schedule D – Partnership, S corporation, estate, and trust information (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name	Type	Employer ID number

Schedule E – Employee information and computation of credit (complete a separate Schedule E for each certified youth; see instr.)

Employee name		Social security number
Hire date (mm-dd-yyyy)	Last date of employment during the current tax year	

Part 1 – 2015 hours worked and monthly factors for full-time or part-time work (see instructions)

Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Number of hours worked												
Full-time or part-time factor												

Part 2 – 2016 hours worked and monthly factors for full-time or part-time work (for fiscal year filers only; see instructions)

Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Number of hours worked												
Full-time or part-time factor												

Part 3 – Computation of credit

6 Total monthly factors for first six months (see instructions)	6	
7 Six-month employment credit (multiply line 6 by 500)	7	.00
8 Additional six-month credit (see instructions)	8	.00
9 Additional credit for employed an additional year (see instructions)	9	.00
10 Total tax credit for employee (add lines 7, 8, and 9).....	10	.00





Beer Production Credit

Tax Law – Article 1, Section 37, Article 22, Section 606(uu)

All filers must enter tax period:

beginning ending

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return	Identifying number as shown on return
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Schedule A – Eligibility – Individual (including sole proprietor), partnership, and fiduciary

A Are you registered as a distributor under Tax Law Article 18 (Taxes on Alcoholic Beverages)? Yes No

B For the tax year, did you produce 60 million gallons of beer or less in New York State? Yes No

If you answered *No* to question A or B, **stop**. You do not qualify for this credit for this tax year.

Schedule B – Individual (including sole proprietor), partnership, and fiduciary (see instructions)

Enter the employer identification number (EIN) of the registered distributor.....

Part 1 – Credit for the first 500,000 gallons produced in New York State (submit additional sheets if necessary)

A Beer production facility's physical address	B Total gallons of beer produced in NYS in this tax year
1 Total of column B amounts from additional Form(s) IT-636, if any	1
2 Add column B amounts (include any amount from line 1)	2
3 Enter the lesser of line 2 or 500,000	3
4 Total credit for first 500,000 gallons produced in New York State (multiply line 3 by .14; see instr.) ...	4 .00

Part 2 – Credit for gallons produced in New York State in excess of 500,000 (submit additional sheets if necessary)

A Beer production facility's physical address	B Total gallons of beer produced in NYS in this tax year
5 Total of column B amounts from additional Form(s) IT-636, if any	5
6 Add column B amounts (include any amount from line 5)	6
7 Subtract 500,000 from line 6	7
8 Enter the lesser of line 7 or 15,000,000 (see instructions)	8
9 Total credit for gallons produced in New York State in excess of 500,000 (multiply line 8 by .045)	9 .00
10 Add lines 4 and 9	10 .00

Individuals and partnerships: Enter the line 10 amount on line 15.

Fiduciaries: Include the line 10 amount on the *Total* line of Schedule E, column C.



Schedule C – Partnership, S corporation, estate, and trust information (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the beer production credit from that entity, complete the following information for each partnership, New York S corporation, estate or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name of entity	Type	Employer identification number

Schedule D – Partner’s, shareholder’s, or beneficiary’s share of credit (see instructions)

Partner	11	Enter your share of credit from your partnership	11	.00
S corporation shareholder	12	Enter your share of credit from your S corporation	12	.00
Beneficiary	13	Enter your share of credit from the estate or trust	13	.00
	14	Total (add lines 11, 12, and 13)	14	.00

Fiduciaries: Include the line 14 amount in the *Total* line of Schedule E, column C.

All others: Enter the line 14 amount on line 16.

Schedule E – Beneficiary’s and fiduciary’s share of credit (see instructions)

A Beneficiary’s name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of credit
Total (fiduciaries, enter the amount from line 10 plus the amount from line 14)		.00
		.00
		.00
Fiduciary		.00

Schedule F – Computation of credit (see instructions)

Individuals and partnerships	15	Enter the amount from line 10	15	.00
Partners, S corporation shareholders, beneficiaries	16	Enter the amount from line 14	16	.00
Fiduciaries	17	Enter the amount from Schedule E, column C, <i>Fiduciary</i> line..	17	.00
	18	Total credit (add lines 15, 16, and 17)	18	.00

