NEW YORK STATE 2021

Department of Taxation and Finance

Eligible Farm Employee Information for the Farm Workforce Retention Credit
Attachment to Form IT-647

IT-647-ATT

Submit this form with Form IT-647 if you have more employees to report in Schedule A of that form.
See Form IT-647-I, *Instructions for Forms IT-647 and IT-647-ATT,* Schedule A, for assistance.

Name(s) as shown on return	Identifying number as shown on return
Business name	Employer identification number (EIN)

A Total number of employees listed on this page *(include this total on Form IT-647, line 2)* ....

A Name of eligible farm employee		B Employee work location ZIP code *(first 5 digits only)*	C Social Security number of eligible farm employee	D Hours worked for the tax year
First name	Last name			

347001210094