

Department of Taxation and Finance

Farm Donations to Food Pantries Credit

IT-649

Tax Law - Article 22, Section 606(n-2)

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.	
Name(s) as shown on return	

All filers must complete line A. A Are you claiming this credit as an individual (sole proprietor), partnership, or fiduciary of an estrust that earned the credit (not as a partner, shareholder, or beneficiary, receiving a share of credit)? (mark an X in the appropriate box; see instructions) If Yes: If No, complete line B and Sclindividual (sole proprietor): Complete lines B and C, and Schedules A and D. Fiduciary: See instructions. Partnership: Complete line C and Schedules A and D.	the Yes No hedules B and D.
trust that earned the credit (not as a partner, shareholder, or beneficiary, receiving a share of credit)? (mark an X in the appropriate box; see instructions)	the Yes No hedules B and D.
trust that earned the credit (not as a partner, shareholder, or beneficiary, receiving a share of credit)? (mark an X in the appropriate box; see instructions)	the Yes No hedules B and D.
Individual (sole proprietor): Complete lines B and C, and Schedules A and D. Fiduciary: See instructions. Fiduciary: See instructions.	
•	
Partnership: Complete line C and Schedules A and D.	
B Form IT-201 and Form IT-203 filers: Complete Worksheet A in the instructions. Form IT-205 filers: Complete Worksheet B in the instructions. Is the percentage shown on Worksheet A or Worksheet B, line 24, at least 0.6667 (66.67%)? (mark an X in the appropriate box; see instructions)	Yes
Form IT-201 and Form IT-203 filers: If No, stop: you do not qualify for this credit.	
Form IT-205 filers: See line B instructions.	
C Enter the name, employer identification number (EIN), and physical address of the farm.	
Business name EIN	
Number and street City State	e ZIP code

(continued)

Schedule A - Qualified donations

Complete columns A through E for each qualified donation.

A Date of qualified donation	B Location of qualified donation (city and state)	C Name of eligible food pantry	D EIN of eligible food pantry	E Fair market value of the qualified donation
				.00
				.00
				.00
				.00
				.00.
				.00
				.00
Total of column	n E amounts from additional shee	ts, if any		.00
1 Total (add o	column E amounts)		1	.00.
2 Multiply lin	e 1 by 25% (.25)		2	.00.
3 Enter the l	esser of line 2 or 5000		3	.00

Individuals and partnerships: Enter the line 3 amount on line 8.

Fiduciaries: Include the line 3 amount on line 5.

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 farm donations to food pantries credit from that entity, complete the following information for each partnership, 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 EIN	D Share of credit
			.00
			.00
			.00
			.00
Total column D amounts from additional sheets, if any			.00
4 Total (add column D amounts)		4	.00

Fiduciaries: Include the line 4 amount on line 5. **All others:** Enter the line 4 amount on line 9.



5 Total (fiduciaries: add lines 3 and	d 4)			5	.0
Beneficiary's name <i>(s</i>	ame a	A s on Form IT-205, Schedule C)	B Identifying number		C Share of credit
					.0
					.0
					.0
					.0.
otal column C amounts from add	ditiona	I sheets, if any			.0
6 Share of credit allocated to be	enefic	aries (add column C amounts)		6	.0
		aries (add column C amounts)		7	
7 Fiduciary's share of credit (sun	btract i	,			
7 Fiduciary's share of credit (sur	btract i	ine 6 from line 5 ; enter here and on line 10)			.0.
7 Fiduciary's share of credit (sur Schedule D – Computat Individuals and partnerships Partners, S corporation	ion	of credit (see instructions)		7	.0
7 Fiduciary's share of credit (sun	ion (of credit (see instructions) Enter the amount from line 3		7	.00

