

Hire a Veteran Credit

Tax Law - Sections 210-B.29 and 1511(g-1)

		All filers must enter tax period:					
		beginning		ending			
Legal name of corporation		Employer identification number (EIN)					
File this form with your franchise tax returr	1.						
All filers must complete line A.							
A Are you claiming this credit as a corpo received a share of the credit from a page.					□ No □		
C corporations		New York S	S corporations				
If Yes, complete lines B and C, and So Schedule C (line 4 if applicable, and line		If Yes, complete lines B and C, and Schedules A and B and Schedule C, line 5.					
If <i>No</i> , and you are claiming this credit a complete Schedules C and D.		If <i>No</i> , and you are claiming this credit as a corporate partner, complete Schedule C.					
B Enter the total number of employees c	laimed for this credit						
C If you have the required Form DTF-75							
(see Employee affidavit in the instruction					•		
Schedule A – Computation of cr	edit for qualified	l veterans (see in	structions)				
Part 1 – Full-time positions							
A Veteran's name	B Social Security number of qualified veteran	Employment period (see instructions)	D Wages paid (see instructions)	E Multiply column D by 15% (.15)	F Enter lesser of column E or 15,000		
	veteran		T	by 13 % (.13)	01 13,000		
T + 16 OT 040							
Total from any additional Forms CT-643 . 1a Total credit for full-time positions (add							
Ta Total credit for full-time positions (add	column F amounts)	•••••	•••••				
Part 2 – Part-time positions							
A	В	С	D	Е	F		
Veteran's name	Social Security number of qualified veteran	Employment period (see instructions)	Wages paid (see instructions)	Multiply column D by 15% (.15)	Enter lesser of column E or 7,500		
Total from any additional Forms CT-643 .							
1b Total credit for part-time positions (add							

Part 1 – Full-time positions						
A Veteran's name	Social Security number of qualified veteran	Employment period (see instructions)	D Wages paid (see instructions)	СО	E Multiply Jumn D 20% (.20)	F Enter lesse of column I or 20,000
Fotal from any additional Forms CT-6	643					
Total credit for full-time positions						
art 2 – Part-time positions						
A Veteran's name	Social Security number of qualified veteran	Employment period (see instructions)	Wages paid (see instructions)	СО	E Multiply Jumn D 20% (.20)	F Enter lesse of column l or 10,000
Total from any additional Forms CT-6	242					
•						
-	(add column F amounts)					
2b Total credit for part-time positions2 Total credit for qualified disabled	s (add column F amounts) veterans (add lines 2a and	2b)				
2b Total credit for part-time positions 2 Total credit for qualified disabled 3chedule C – Partnership inf	s (add column F amounts) veterans (add lines 2a and	2b)		• 2	• 2b	
 Total credit for part-time positions Total credit for qualified disabled Schedule C – Partnership inf 	s (add column F amounts) veterans (add lines 2a and formation (see instruc	2b)		• 2	• 2b	
2b Total credit for part-time positions 2 Total credit for qualified disabled 3chedule C – Partnership inf	s (add column F amounts) veterans (add lines 2a and formation (see instruc	2b)		• 2	• 2b	
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Total credit for part-time positions Total credit for qualified disabled Partnership inf Name o	s (add column F amounts) veterans (add lines 2a and formation (see instruc f partnership	etions)	Partnership's EIN	• 2	• 2b	
2b Total credit for part-time positions 2 Total credit for qualified disabled 3 Total credit for qualified disabled Name of the control of th	s (add column F amounts) veterans (add lines 2a and formation (see instruct f partnership 643	2b)	Partnership's EIN	• 2	• 2b	
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Total credit for part-time positions Total credit for qualified disabled Chedule C – Partnership inf Name of the part of the	is (add column F amounts) veterans (add lines 2a and	e instructions)	Partnership's EIN	• 2 2 3 4 5 5 6 7 8 8 8 8 1 1 1 1 1 1	Credit am	ount allocated
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Total credit for part-time positions Total credit for qualified disabled Schedule C – Partnership inf Name of the company additional Forms CT-6 Total from any additional Forms CT-6 Total credit allocated from partners Unused credit carried over from positions Total credit (add lines 1, 2, 3, and 4; Schedule D – Computation of the company of the c	s (add column F amounts) veterans (add lines 2a and lines 3; if zero or less, enter the lesser of line 5 or line line 5)	e instructions) I forward (New Youth 1) On the stand on your frame on	Partnership's EIN	• 2 1 1 1 1 1 1 1 1 1	Credit am	ount allocated

