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 | | | |
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