Department of Taxation and Finance



# NEW YORK STATE

## **COVID-19 Capital Costs Credit**

Tax Law - Section 606(nnn)

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

Name(s) as shown on return	Identifying nu	ımber as shown on return	
All filers <b>must</b> complete line A. <b>A</b> Are you claiming this credit as an individual (sole proprietor estate or trust that earned the credit (not as a partner, sha a share of the credit)? (mark an <b>X</b> in the appropriate box; see	areholder, or beneficiary, rece	eiving	
If Yes: Individual (sole proprietor): Complete Schedules A and D. Partnerships: Complete Schedules A and D. Fiduciary: Complete Schedules A, C, and D.	If No: Individual: Complete Schedules B and D. Partnerships: Complete Schedules B and D. Fiduciary: Complete Schedules B through D.		
All filers: Complete Sch	edule E, if applicable.		
Schedule A – Individual (including sole proprietor), pa	artnership, and estate or	trust (see instructions)	
Enter the information from your certificate of tax credit in columns A ar	nd B below.		
	A Certificate number	<b>B</b> Credit	
		.00.	
		.00.	
		.00.	
Total from any additional Forms IT-657			
1 COVID-19 capital costs credit (add column B amounts)		1 .00	

Individuals and partnerships: Enter the line 1 amount on line 6.

Fiduciaries: Include the line 1 amount on line 3.

#### 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>B</b> Type	C EIN	<b>D</b> Certificate number	E Share of credit
				.00
				.00
				.00
Total from any additional Forms IT-657				
2 Total (add column E amounts)				2 .00

**Fiduciaries:** Include the line 2 amount on line 3. **All others:** Enter the line 2 amount on line 7.

#### Schedule C - Beneficiary's and fiduciary's share of credit (see instructions)

A Beneficiary's name (same as on Form IT-205, Schedule C)	<b>B</b> Identifying number		C Share of credit
			.00.
			.00
			.00
Total from any additional Forms IT-657			.00.
4 Share of credit allocated to beneficiaries (add column C amounts)		4	.00.
5 Fiduciary's share of credit (subtract line 4 from line 3; enter the result here and on line 8)			.00.

#### **Schedule D – Computation of credit** (see instructions)

Individuals and partnerships	6	Enter the amount from line 1	6	.00
Partners, S corporation shareholders, beneficiaries	7	Enter the amount from line 2	7	.00
Fiduciaries	8	Enter the amount from line 5	8	.00
	9	Total amount of earned credits (add lines 6, 7, and 8; see instructions)	9	.00



### **Schedule E – Recapture of credit** (see instructions)

	A Revoked certificate number	<b>B</b> Amount of credit previously claimed
		.00
		.00
		.00
Total from any additional Forms IT-657	.00	
10 Total (add column B amounts)	10	.00

**Individuals, partners, S corporation shareholders and beneficiaries:** Enter the line 10 amount and code **657** on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.

Partnerships: Enter the line 10 amount and code 657 on Form IT-204, line 148.

Fiduciaries: Include the line 10 amount on Form IT-205, line 12.

