

Hire a Veteran Credit Tax Law – Sections 210-B.29 and 1511(g-1)

		All filers	must enter tax p	eriod:				
		beginning		ending				
Legal name of corporation		Employer identification						
File this form with your franchise tax retu	ırn.							
All filers must complete line A.								
A Are you claiming this credit as a corp received a share of the credit from a					□ No □			
C corporations		New York	S corporations					
If Yes, complete lines B and C, and Schedules A, B, and Schedule C (line 4 if applicable, and line 5), and Schedule D.		If Yes, com	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 credicomplete 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	claimed for this credit				,			
C If you have the required Form DTF-								
(see Employee affidavit in the instruction					•			
Schedule A – Computation of c	redit for qualified	l veterans (see in	structions)					
Part 1 – Full-time positions								
Å	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 15,000			
Total from any additional Forms CT-643								
1a Total credit for full-time positions (ad	id column ⊢ amounts)			● <u>1a</u>				
Part 2 – Part-time positions								
Ā	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 (a	dd column F amounts)			● 1b				

art 1 – Full-time positions						
A Veteran's name	B Social Security number of qualified veteran	Employment period (see instructions)	D Wages paid (see instructions)	cc	E Multiply olumn D 20% (.20)	F Enter lesse of column l or 20,000
otal from any additional Forms CT- Total credit for full-time positions						
•						
art 2 – Part-time positions A	В	С	D		E	F
Veteran's name	Social Security number of qualified veteran	Employment period (see instructions)	Wages paid (see instructions)	cc	Multiply olumn D 20% (.20)	Enter lesse of column or 10,000
Total credit for part-time position	s (add column F amounts)					
Total credit for part-time position: Total credit for qualified disabled	s (add column F amounts) veterans (add lines 2a and	2b)			• 2b	
Total credit for part-time position: Total credit for qualified disabled Chedule C – Partnership in	s (add column F amounts) veterans (add lines 2a and	2b)		• 2	• 2b	ount allocate
Total credit for part-time position: Total credit for qualified disabled Chedule C – Partnership in	s (add column F amounts) veterans (add lines 2a and formation (see instruc	2b)		• 2	• 2b	ount allocate
Total credit for part-time position: Total credit for qualified disabled Chedule C – Partnership in	s (add column F amounts) veterans (add lines 2a and formation (see instruc	2b)		• 2	• 2b	ount allocate
Total credit for part-time position: Total credit for qualified disabled Chedule C – Partnership in	s (add column F amounts) veterans (add lines 2a and formation (see instruc	2b)		• 2	• 2b	ount allocate
Total credit for part-time position: Total credit for qualified disabled Total credit for qualified disabled Chedule C – Partnership in Name of	s (add column F amounts) veterans (add lines 2a and formation (see instruct of partnership	etions)	Partnership's EIN	• 2 N	• 2b	ount allocate
Total credit for part-time position: Total credit for qualified disabled Chedule C – Partnership in Name of the control of	s (add column F amounts) veterans (add lines 2a and formation (see instruct of partnership 643	etions)	Partnership's EIN	• 2	• 2b	ount allocate
Total credit for part-time position: Total credit for qualified disabled Chedule C – Partnership in: Name of the control of	s (add column F amounts) veterans (add lines 2a and formation (see instruct of partnership 643	2b)	Partnership's EIN	• 2 N	• 2b	ount allocate
Total credit for part-time position: Total credit for qualified disabled Chedule C – Partnership in: Name of the partnership in: Otal from any additional Forms CT-the partnership in: Total credit allocated from partnership in:	s (add column F amounts) veterans (add lines 2a and formation (see instruct of partnership 643	2b)	Partnership's EIN	• 2 N	• 2b	ount allocate
Total credit for part-time position: Total credit for qualified disabled Chedule C – Partnership in Name of the control of	s (add column F amounts) veterans (add lines 2a and formation (see instruct of partnership 643	e instructions)	Partnership's EIN	• 2 S	Credit am	
Total credit for part-time position: Total credit for qualified disabled Chedule C – Partnership in: Name of the control of t	s (add column F amounts) veterans (add lines 2a and formation (see instruct of partnership 643	e instructions)	Partnership's EIN	• 2 N	Credit am	
Total credit for part-time position: Total credit for qualified disabled Chedule C – Partnership in: Name of the control of t	s (add column F amounts) veterans (add lines 2a and formation (see instruct of partnership 643	e instructions)	Partnership's EIN	• 2 N S S S S S S S S S	Credit am	
Total credit for part-time position: Total credit for qualified disabled Chedule C – Partnership in: Name of the control of	s (add column F amounts) veterans (add lines 2a and formation (see instructor) of partnership 643	e instructions)	Partnership's EIN	• 2 N	Credit am	
Total credit for part-time position: Total credit for qualified disabled Chedule C – Partnership in: Name of the control of	s (add column F amounts) veterans (add lines 2a and formation (see instruct of partnership 643	e instructions)	Partnership's EIN	• 2 N 6 7 8 9	Credit am	
Total credit for part-time position: Total credit for qualified disabled Chedule C – Partnership in: Name of the control of	s (add column F amounts) veterans (add lines 2a and formation (see instructor) of partnership 643	e instructions)	Partnership's EIN	• 2 Section 10 Section	Credit am	
Total credit for part-time position: Total credit for qualified disabled Chedule C – Partnership in: Name of the company additional Forms CT-the credit allocated from partners Unused credit carried over from partners in the credit (add lines 1, 2, 3, and 4; in the company co	s (add column F amounts) veterans (add lines 2a and formation (see instruct of partnership 643	e instructions) I forward (New Your from 10 here and on your from 10 here and 00 here and	Partnership's EIN	• 2 S S S S S S S S S S S S S S S S S S	Credit am	
Total from any additional Forms CT-13 Total credit allocated from partner 14 Unused credit carried over from partner 15 Total credit (add lines 1, 2, 3, and 4; 16 Total credit (add lines 1, 2, 7, and 4; 17 Tax due before credits (see instruct 18 Tax due before credits (see instruct 19 Tax credits claimed before this credits (subtract line 7 from line 6) 19 Minimum tax (see instructions) 10 Credit limitation (subtract line 9 from	s (add column F amounts) veterans (add lines 2a and formation (see instructor) of partnership 643	instructions) I forward (New Your from 10 here and on your from 10 here and 00 he	Partnership's EIN	• 2 N S S S S S S S S S	Credit am	ount allocate

