Department of Taxation and Finance



NEW YORK STATE

Workers with Disabilities Tax Credit

Tax Law - Article 9-A, Section 210-B.48

All filers must enter tax period:

			beginning		ending		
Legal name of corporation					Employer identifica	ation nu	mber (EIN)
Attach to Form CT-3, CT-3-A, or NYS) Department of Labor.	CT-3-S. You must also	attach a copy	of the final Cert	tificate of Eligib	<i>ility</i> issued by t	he Ne	w York State
All filers must complete line A. A Are you claiming this credit a received a share of the credi						′es •	□ No [
C corporations	New York S corporations						
If Yes, complete lines B throu	c, complete lines B through E, and Schedules A and/or B, plicable and Schedules C and D. If Yes, complete lines B through E, are as applicable and Schedule C.				nd Schedules A and/or B,		
If <i>No</i> , and you are claiming the complete Schedules C, D, are		e partner,	If No, and you are claiming this credit as a corporate partner complete Schedules C and E.				
B Enter the name and EIN of the Credit Program.	ne business certified b	y the NYS Depa	artment of Labo	r to participate	in the Workers	with [Disabilities Ta
Name of certified business					EIN		
C Enter the total number of qua	alified full-time employ	ees claimed for	this credit			•	
D Enter the total number of qua	alified part-time employ	ees claimed fo	r this credit			•	
E Enter the allocation year (see	e instructions)					•	
Schedule A – Computation	on of credit for qu See instructions.)	ialified full-t	ime employ	ees (Do not l	include emplo	yees	shown in
Schedule B.							3110 WIT III
Schedule B. A Name of qualified employee	B Qualified employee's Social Security number	Qualified employee's hire date	Qualified employee's termination date, if applicable	E Qualified wage paid (see instructions)	column	E	G Enter lesser of column F or 5,000
A Name of	B Qualified employee's Social Security	Qualified employee's	Qualified employee's termination date,	Qualified wage paid	s Multiply column	E	G Enter lesser of column F
A Name of	B Qualified employee's Social Security	Qualified employee's	Qualified employee's termination date,	Qualified wage paid	s Multiply column	E	G Enter lesser of column F
A Name of	B Qualified employee's Social Security	Qualified employee's	Qualified employee's termination date,	Qualified wage paid	s Multiply column	E	G Enter lesser of column F
A Name of	B Qualified employee's Social Security	Qualified employee's	Qualified employee's termination date,	Qualified wage paid	s Multiply column	E	G Enter lesser of column F
A Name of	B Qualified employee's Social Security	Qualified employee's	Qualified employee's termination date,	Qualified wage paid	s Multiply column	E	G Enter lesser of column F
A Name of	B Qualified employee's Social Security	Qualified employee's	Qualified employee's termination date,	Qualified wage paid	s Multiply column	E	G Enter lesser of column F

1 Credit for qualified full-time employees (add column G amounts)

Schedule B – Computation of credit for qualified part-time employees (Do not include employees shown in Schedule A on page 1. See instructions.)

	A Name of qualified employee	Qualified employee's Social Security number	Qualified employee's hire date	Qualified employee's termination date, if applicable	E Qualified wages paid (see instructions)	со	F lultiply lumn E 0% (.10)	G Enter lesse of column or 2,500	F
									\vdash
To	otal from additional sheet(s) if	anv							
	Credit for qualified part-time	-							
		1 , (,			<u> </u>			
3	Total credit for all qualified er	mployees (add lines 1 a	nd 2)			• 3			
Sc	chedule C – Computation	on of credit (see in	structions)						
4	Partner: Enter your share of	the credit from your p	artnership(s) (from line 16)		• 4			
5	Unused credit carried over fr	om previous tax years	(New York S	corporations, ent	er 0)	• 5			
_	T. 1. 19								_
6	Total credit (add lines 3, 4, and	5; New York S corporation	ons, see instruct	tions)		• 6			
_	January Communication					, ,			
	chedule D – Computation			`	<u> </u>		complete t	nis scheaui	e.)
	Tax due before credits (see in	,							
	Tax credits claimed before th								_
	Net tax (subtract line 8 from line	,							-
	Fixed dollar minimum tax (se	,				_			+
	Credit limitation (subtract line Credit to be used this tax year								
	Unused credit (subtract line 12								+
	Unused expired tax credit (se	,							+
	Amount of credit available fo								
		· · · · · · · · · · · · · · · · · · ·		·					
Sc	hedule E – Partnership	o information (see	instructions)					
	<u>-</u>	me of partnership			Partnership's EIN		Crodit am	ount allocate	d

Name of partnership	Partnership's EIN	Credit amount allocated
Total from additional sheet(s) if any		
16 Credit allocated from partnerships	1	6

