



# DTF-601.1

# Claim for ZEA Wage Tax Credit

Tax Law — Sections 210.19, 606(k), 1456(e) and 1511(g)

1996 calendar yr. filers, check box   
Other filers enter tax period:

beginning	
ending	

Taxpayer identification number(s) shown on page 1 of your tax return

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Name

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Name of zone equivalent area (ZEA)

File this claim with your corporation tax return, Form CT-3, CT-3-A, CT-3-S, CT-32, CT-32-A, CT-33 or CT-33-A; or file with your personal income tax return, Form IT-201, IT-203, IT-204 or IT-205.

Circle the tax year for which the zone equivalent area (ZEA) wage tax credit is being claimed on this return: **1st** **2nd**

**Line A** — Partner in a partnership, New York S corporation shareholder or a beneficiary of a trust: enter your share of the wage tax credit here \$ \_\_\_\_\_ and on line 14.

**Schedule A – Computation of Eligibility Requirements** — You must meet the three eligibility requirements in Schedule A before computing the ZEA wage tax credit for the current tax year in Schedule B (see instructions).

**Part I - Payment of economic development zone (EDZ) wages for the current tax year**

1 Were EDZ wages paid during the current tax year to full-time employees in a job created in a ZEA? .....  Yes  No

**Part II - Computation of average number of full-time employees in New York State for the current tax year and four-year test period**

Current tax year	3/31	6/30	9/30	12/31	Total
Number of full-time employees in New York State					

2 Average number of full-time employees in New York State for current taxable year ..... **2**

Number of full-time employees in New York State during four-year test period	3/31	6/30	9/30	12/31	Total
Number in 1st year					
Number in 2nd year					
Number in 3rd year					
Number in 4th year					

Total number of full-time employees in New York State for four-year test period .....

3 Average number of full-time employees in New York State for four-year test period  
The average number of full-time employees on line 2 must exceed the average number of full-time employees on line 3 (see instructions) ..... **3**

**Part III - Computation of average number of full-time employees in ZEA for the current tax year and four-year test period**

Current tax year	3/31	6/30	9/30	12/31	Total
Number of full-time employees in ZEA					

4 Average number of full-time employees in ZEA for the current tax year ..... **4**

Number of full-time employees in ZEA during four-year test period	3/31	6/30	9/30	12/31	Total
Number in 1st year					
Number in 2nd year					
Number in 3rd year					
Number in 4th year					

Total number of full-time employees in ZEA for four-year test period .....

5 Average number of full-time employees in ZEA for four-year test period  
The average number of full-time employees on line 4 must exceed the average number of full-time employees on line 5 (see instructions) ..... **5**



**Schedule C – Computation of the ZEA Wage Tax Credit Allowed for the Current Tax Year****Part I - Computation of available ZEA wage tax credit**

13	ZEA wage tax credit carryforward from preceding tax year .....	13	•
14	ZEA wage tax credit computed for the current tax year .....	14	•
15	ZEA wage tax credit available for current tax year (add lines 13 and 14) .....	15	•

**Part II - Computation of ZEA wage tax credit limitation**

16	Current year's tax (see instructions) .....	16	•
17	50% limitation (multiply line 16 by 50% (.50); see instructions) .....	17	•

## 18 Tax limitation - enter appropriate tax

Article 9-A - enter the tax on minimum taxable income or fixed dollar minimum tax (whichever is larger)

Article 22 - enter "0"

Article 32 - enter the fixed minimum tax of \$250

Article 33 - enter \$250 .....

18 •

19	ZEA wage tax credit limitation (subtract line 18 from line 16) .....	19	•
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20	ZEA wage tax credit limitation for current tax year (enter line 17 or line 19 amount, whichever is less; Article 22 taxpayers must enter the amount on line 17) .....	20	•
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**Part III - Computation of ZEA wage tax credit allowed for current tax year**

21	ZEA wage tax credit allowed in current tax year (enter line 15 or line 20 amount, whichever is less) .....	21	•
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**Part IV - Computation of ZEA wage tax credit carryforward**

22	ZEA wage tax credit available as carryforward (subtract line 21 from line 15) .....	22	•
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**Schedule D – Computation of Refundable ZEA Wage Tax Credit**

23	Enter ZEA wage tax credit computed for current tax year from line 14 .....	23	•
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24	Enter ZEA wage tax credit allowed for current tax year from line 21 .....	24	•
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25	ZEA wage tax credit available for refund (subtract line 24 from line 23) .....	25	•
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26	Refund percentage (see instructions) .....	26	• %
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27	Refundable ZEA wage tax credit (multiply line 25 by line 26; see instructions) .....	27	•
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28	ZEA wage tax credit available as a carryforward after refundable wage tax credit (subtract line 27 from line 22) .....	28	•
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**Need Help?**

**For information, forms or publications,** call the Business Tax Information Center at 1 800 972-1233. For information, you can also call toll free 1 800 225-5829. For forms or publications, call toll free 1 800 462-8100.

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.

From areas outside the U.S. and Canada, call (518) 485-6800.

**Hotline for the Hearing and Speech Impaired** - If you have a hearing or speech impairment and have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Hours of operation are from 8:30 a.m. to 4:15 p.m., Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

**Persons with Disabilities** - In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call the information numbers listed above.

**If you need to write,** address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.