

New York State Department of Taxation and Finance Claim for EZ Capital Tax Credit

2002 calendar-yr. filers, check box Other filers enter tax period:

beginning

Tax Law — Section 606(I)

ending

| Taxpayer identification number(s) shown on the front page of your tax return | |
|--|------------------------------------|
| | File this claim with your personal |
| Name | income tax return, Form IT-201, |
| | IT-203, IT-204, or IT-205. |
| Name of empire zone (EZ) | |
| | |

Attach a copy of Empire State Development Corporation Form Z10, Eligibility to Apply for a Zone Capital Tax Credit

Schedule A — Investments in and donations to EZ capital corporations

| 1 | Cost of original issue stock of EZ capital corporations | 1. | |
|---|---|----|-----|
| 2 | Donations made to EZ capital corporations | 2. | |
| | Add lines 1 and 2 | 3. | |
| 4 | Credit rate 25% | 4. | .25 |
| 5 | EZ capital tax credit (multiply line 3 by line 4) | 5. | |

Computation of original issue stock purchased in and donations to EZ capital corporations

| Name of capital | | Α | В | С |
|----------------------------------|------------------|---------------|----------|---------------|
| Name of capital corporation | Location of zone | Cost of stock | Donation | Total (A + B) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 6 Total (must agree with line 3) | | | | |

Schedule B — Investments in certified EZ business

| 7 | Amount of qualified investments in EZ business | 7. | |
|---|---|----|-----|
| 8 | Credit rate 25% | 8. | .25 |
| 9 | EZ capital tax credit (multiply line 7 by line 8) | 9. | |

| Name of certified EZ business | Location of zone | Amount of investm | nent |
|--|------------------|-------------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 10 Total (must agree with line 7) | | | |

Schedule C — Monetary contributions to EZ community development projects

| 11 | Amount of contributions to EZ community development projects | 11. | |
|----|--|-----|-----|
| 12 | Credit rate 25% | 12. | .25 |
| 13 | EZ capital tax credit (multiply line 11 by line 12) | 13. | |

| Name of community development project | Location of zone | | Monetary contributions |
|---------------------------------------|------------------|-----|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 14 Total (must agree with line 11) | | 14. | |

This is a scannable form; please file this original with the Tax Department.

Schedule D — Partnership, S corporation, and estate and trust information

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 EZ capital tax credit from that entity, complete the following information for each partnership, S corporation, or estate or trust. You must also complete Schedules E, F, G, and H.

| Name | Type* | Employer ID number |
|---|-------|--------------------|
| | | |
| | | |
| | | |
| | | |
| *Enter P for partnership, S for an S corporation, or ET for an estate or trust | | |

Schedule E — Partner's, shareholder's or beneficiary's share of credit

| | Α | В | С |
|------------------------------|--|---------------------------|--|
| | Investment or donation in EZ capital corporation | Investment in EZ business | Monetary contribution to EZ community development projects |
| 15 Partner | | | |
| 16 S corporation shareholder | | | |
| 17 Beneficiary | | | |

Schedule F — Limitations of EZ capital tax credit

Part I — Fifty percent limitation

| 18 | Tax from Form IT-201, IT-203, or IT-205 (see instructions) | 18. | |
|----|--|-----|--|
| 19 | Enter 50% (.5) of line 18 (see instructions) | 19. | |

Part II — \$100,000/\$300,000 limitation

| | | Α | В | С | D |
|----|---|--|---------------------------|---|-------------------------|
| | | Investment or donation in EZ capital corporation | Investment in EZ business | Monetary contributions to EZ community development projects | Total <i>(A+B+C)</i> |
| 20 | Limitations per section 606(I) <i>(see instructions)</i> | | | | |
| 21 | EZ capital tax credit previously allowed, less any previous recapture | | | | |
| 22 | EZ capital tax credit still allowable (subtract line 21 from line 20) | | | | |
| 23 | EZ capital tax credit allowable this year <i>(see instructions)</i> | | | | |

Schedule G — Recapture of EZ capital tax credit (see instructions)

| | А | В | С | | D |
|----|--|--|---|----------------------------------|---|
| | Tax period EZ capital tax credit originally allowed | Amount of EZ capital tax credit originally allowed | Recapture percent (see instructions) | Recaptured credit $(B \times C)$ | |
| | | | | | |
| | | | | | |
| 24 | Total (add column D amounts) | | | 24. | |
| 25 | Partner in a partnership, share | holder of an S corporation, or bene | ficiary of an estate or trust, enter your | | |
| | share of the recaptured cred | it (see instructions) | | 25. | |
| 26 | Total recaptured EZ capital tax | credit (add lines 24 and 25; enter here |) | 26. | |
| | Transfer as follows: | | | | |
| | | | | | |

Partnership: enter the amount from line 26 on Form IT-204, line 41.

Fiduciaries: enter the amount from line 26 on the Total line of Schedule I, column F.

All others: enter the line 26 amount on line 30.

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Schedule H — Computation of EZ capital tax credit and carryover

| 27 | EZ capital tax credit allowable this year (from line 23, column D) | 27. | | |
|----|---|-----|---|--|
| 28 | Unused EZ capital tax credit from previous periods beginning on or after January 1, 1994 | 28. | | |
| 29 | Total (add lines 27 and 28) | 29. | | |
| 30 | EZ capital tax credit recapture (see instructions) | 30. | | |
| 31 | Net EZ capital tax credit available this year (subtract line 30 from line 29, see instructions) | 31. | | |
| 32 | EZ capital tax credit used this year <i>(enter amount from line 19 or line 31, whichever is less)</i> | | • | |
| 33 | EZ capital tax credit available for carryforward (subtract line 32 from line 31) | 33. | | |

Schedule I — Beneficiary's and fiduciary's share of credit and recapture of credit

1 800 748-3676

| Α | В | С | D | E | F |
|---|--------------------|--|--|--|------------------------------|
| Beneficiary's name (same as on Form IT-205, Schedule C) | Identifying number | Share of EZ capital tax credit from Schedule A | Share of EZ capital tax credit from Schedule B | Share of EZ capital tax credit from Schedule C | Share of recapture of credit |
| Total | | | | | |
| | | | | | |
| | | | | | |
| Fiduciary | | | | | |

Need help?



| Telephone assistance is available from 8 a.m. to 5:55 p.m. (eastern time), Monday through Friday. | | | | | | |
|--|----------------|--|--|--|--|--|
| For business tax information, call the New York State Business Tax | | | | | | |
| Information Center: | 1 800 972-1233 | | | | | |
| For general information: | 1 800 225-5829 | | | | | |
| To order forms and publications: | 1 800 462-8100 | | | | | |
| From areas outside the U.S. and outside Canada: (518) 485-68 | | | | | | |
| Fax-on-demand forms: Forms are available 24 hours a day, | | | | | | |

7 days a week.

Internet access: www.tax.state.ny.us



Hotline for the hearing and speech impaired: 1 800 634-2110 from 8 a.m. to 5:55 p.m. (eastern time), Monday through Friday. If you do not own a telecommunications device for the deaf (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 1 800 225-5829.



If you need to write, address your letter to: NYS TAX DEPARTMENT TAXPAYER CONTACT CENTER W A HARRIMAN CAMPUS ALBANY NY 12227



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