



CT-47.1

(11/06)

New York State Department of Taxation and Finance

Election or Termination of Election to Deem Income for Purposes of the Farmers' School Tax Credit

Mailing address	Employer identification number	Telephone number ()	<i>For office use only</i>
	Legal name of corporation	<i>Date received</i>	
	DBA or trade name (if any)		
	Mailing name (if different from legal name)		
	c/o		
	Number and street or PO box		
City	State	ZIP code	

- 1 Mark an **X** in the appropriate box:
- Election (complete lines 2 and 3) Termination of election due to shareholder(s) consent Termination of election due to cessation of corporation eligibility (complete line 4)
- 2 Due date, disregarding any extension, of the corporation's tax return for the year in which the election is to be effective _____
(mm-dd-yy)
- 3 Ending date for tax year for which this election is to be effective _____
(mm-dd-yy)
- 4 Date of cessation _____
(mm-dd-yy)

Shareholders' consent and individual affirmation: By signing below the shareholders of the above corporation agree to make or terminate, as applicable, the election described in Tax Law section 606(n)(9), and certify that the personal information given below is to the best of his or her knowledge and belief true, correct, and complete. If shareholders holding more than one-half, by vote and value, of the shares of stock of the corporation agree to make the election, then all shareholders of the corporation must take into account their pro rata shares of the corporation's income and principal payment on farm indebtedness when computing their credit. Such election is terminated if shareholders holding more than one-half, by vote and value, of the shares of stock of the corporation agree to such termination.

See instructions if a continuation sheet or a separate consent statement is needed.

A Name and address of each shareholder agreeing to election or termination (include ZIP code)	B Social security number or employer identification number	C Shareholder's signature (see instructions) To be valid, all shareholders agreeing on election or termination must signify consent by signing below.

Certification: I certify that this election or termination and any attachments are to the best of my knowledge and belief true, correct, and complete.

Signature of authorized person (see instructions)		Official title	Date
Paid preparer use only	Signature of individual preparing this election	Firm's name (or yours if self-employed)	Telephone number ()
	Address	City	State ZIP code ID number Date

See instructions for where to file.