



DTF-620

(10/06)

New York State Department of Taxation and Finance

Application for Certification of a Qualified Emerging Technology Company

Tax Law — Articles 9-A and 22

This application is for the certification period:

beginning		ending	
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Part 1 — Business information *(all applicants must complete this section)*

<i>Department use only</i>

Print or type

1 Legal name			
2 Trade name/DBA <i>(if different from line 1)</i>			
3 Address of business in New York State <i>(number and street)</i>		City	State
			ZIP code
4 Mailing address <i>(if different from business address)</i>		City	State
			ZIP code
5 County <i>(place of business in New York State)</i>	6 Business telephone number <i>(include area code)</i>	7 Date business began or will begin in NYS	
8 Federal employer identification number	9 Type of organization: <i>(mark an X in one box)</i>		
	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	LLC <input type="checkbox"/>
	Other <i>(specify)</i> <input type="checkbox"/> _____		

10 I authorize the Commissioner of Taxation and Finance to disclose publicly that the above company is a certified qualified emerging technology company for the certification period shown on this application, if the company so qualifies. The disclosure of information may include the information shown on lines 1, 2, 3, and 4 of this application *(mark an X in one box)*..... Yes No

Part 2 — Eligibility requirements *(mark an X in the appropriate box; see instructions)*

11 Is the company located in New York State? Yes No

12 Are the total annual product sales of the company \$10,000,000 or less? Yes No

If you answered **Yes** to questions 11 **and** 12, continue with lines 13 through 17 below to see if you are eligible to be certified as a qualified emerging technology company under Category 1. If you answered **No** to either question 11 or 12, you are **not** eligible to be certified as a qualified emerging technology company and should not complete this application.

Category 1 — Primary products or services

13 Does the company have products or services that may be classified as emerging technologies?..... Yes No

If Yes, enter a description of the company's emerging technology products or services: _____

14 Enter gross receipts or sales from the company's emerging technology products or services described on line 13 14. _____

15 Enter total gross receipts or sales from all the company's products or services 15. _____

16 Divide the amount on line 14 by the amount on line 15 and enter result as a percentage..... 16. _____%

17 Is the percentage entered on line 16 greater than 50%? Yes No

If you answered **Yes** to questions 13 and 17, you **are** eligible to be certified as a qualified emerging technology company under Category 1. Sign the application in the certification area and mail it to the address shown on page 2. If you answered **No** to either question 13 or 17, you are **not** eligible to be certified under Category 1. Complete lines 18 through 22 to determine if you are eligible to be certified under Category 2.

Category 2 — Research and development (R&D) activities

- 18 Does the company have R&D activities in New York State? Yes No
- 19 Enter the amount of R&D funds 19. _____
- 20 Enter the amount of net sales (if you have any amount of R&D funds, but zero net sales, you are a QETC; mark the Yes box on line 22)..... 20. _____
- 21 R&D funds percentage (divide the amount on line 19 by the amount on line 20 and enter result as a percentage) 21. _____ %
- 22 Does the percentage entered on line 21 equal or exceed 3.2%? Yes No

If you answered **Yes** to questions 18 **and** 22, you are eligible to be certified as a qualified emerging technology company under Category 2. Sign the application in the certification area and mail it to the address shown below.

If you answered **No** to either question 13 or 17 in Category 1, or either question 18 or 22 in Category 2, you are **not** eligible to be certified as a qualified emerging technology company and should not file this application.

Certification

I declare that to the best of my knowledge and belief this application is correct and complete. I understand that a willfully false representation is a crime punishable under section 1801 of the New York State Tax Law and sections 175.35 and 210.45 of the Penal Law.

Signature of authorized person	Title	Date
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Mail the application to: **NYS TAX DEPARTMENT
CORPORATION TAX REGISTRATION UNIT
W A HARRIMAN CAMPUS
ALBANY NY 12227**

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Hotline for the hearing and speech impaired:

If you have access to a telecommunications device for the deaf (TDD), contact us at 1 800 634-2110. 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 1 800 972-1233.