



# START-UP NY Telecommunication Services Excise Tax Credit

# CT-640

Tax Law – Article 1, Section 39 and Article 9-A, Section 210.49

All filers must enter tax period:

beginning  ending

Legal name of corporation	Employer identification number (EIN)
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File this form with Form CT-3, CT-3-A, or CT-3-S.

**A** Certificate number from Form DTF-74, *Certificate of Eligibility*, issued to the approved START-UP NY business (see instructions) .....

**B** Year of START-UP NY business tax benefit period (enter a number from 1 to 10; see instructions) .....

**C** If you are claiming this credit as a corporate partner, mark an **X** in the box .....

## Schedule A – Employment test

Computation of the employment number of the approved business and its related persons **within New York State** for the current tax year and the year immediately preceding the year in which the business submitted its application to locate in a tax-free NY area.

Current tax year employment number	March 31	June 30	September 30	December 31	Total
Number of employees .....					
<b>1</b> Current tax year employment number within New York State (see instructions) .....	<b>1</b>				

Tax year immediately preceding START-UP NY business application		March 31	June 30	September 30	December 31	Total
Tax year ending (mm-yy).....	Number of employees.....					
<b>2</b> Employment number within New York State for the tax year immediately preceding START-UP NY business application (see instructions) .....						<b>2</b>

Computation of the average number of net new jobs in the tax-free NY area for the current tax year.

Current tax year net new jobs	March 31	June 30	September 30	December 31	Total
Number of net new jobs .....					
<b>3</b> Net new jobs of the business in the tax-free NY area during the tax year (see instructions) .....	<b>3</b>				
<b>4</b> Add lines 2 and 3.....	<b>4</b>				
<b>5</b> Does the amount on line 1 equal or exceed line 4? (see instructions).....	<b>5</b>				
	Yes <input type="checkbox"/> No <input type="checkbox"/>				

If *No*, you do **not** qualify for the credit. **Do not** complete the rest of this form.

## Schedule B – Allocation factor (see instructions)

	<b>A</b> Tax-free NY area	<b>B</b> New York State
<b>6</b> Average value of property (see instructions) .....	<b>6</b>	
<b>7</b> Property factor (divide line 6, column A by line 6, column B; carry result to four decimal places) .....	<b>7</b>	
<b>8</b> Wages and other compensation of employees (see instructions) .....	<b>8</b>	
<b>9</b> Wage factor (divide line 8, column A by line 8, column B; carry result to four decimal places) .....	<b>9</b>	
<b>10</b> Total factors (add lines 7 and 9).....	<b>10</b>	
<b>11</b> Allocation factor (divide line 10 by two; carry result to four decimal places) .....	<b>11</b>	

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**Schedule C – Computation of credit**

12 Telecommunication services excise tax paid (see instructions) .....	•	12	
13 Telecommunication services excise tax credit from partnership(s) (from line 24) .....	•	13	
14 Total credit (add lines 12 and 13) .....	•	14	

**Schedule D – Computation of credit used** (New York S corporations do not complete this part)

15 Tax due before credits (see instructions) .....		15	
16 Tax credits claimed before this credit (see instructions) .....	•	16	
17 Tax after application of credits (subtract line 16 from line 15) .....		17	
18 Tax limitation (see instructions) .....		18	
19 Limitation on credit (subtract line 18 from line 17; if line 18 is more than line 17, enter 0) .....	•	19	
20 Credit used for this period (enter the lesser of line 14 or line 19; enter here and on your franchise tax return) .....	•	20	
21 Unused telecommunication services excise tax credit (subtract line 20 from line 14) .....	•	21	
22 Amount of credit to be refunded (limited to the amount on line 21; enter here and on your franchise tax return) .....	•	22	
23 Amount of credit to be applied as an overpayment to next period (subtract line 22 from line 21; enter here and on your franchise tax return) .....	•	23	

**Schedule E – Partnership information** (see instructions; attach additional sheets as necessary)

Name of partnership	Partnership's EIN	Certificate number	Year of business tax benefit period	Credit amount allocated
Total from additional sheet(s), if any .....				
24 Total credit amount allocated from partnership(s) (enter here and on line 13) .....				24