



START-UP NY Telecommunication Services Excise Tax Credit

Tax Law – Sections 39 and 606(yy)

Calendar-year filers, mark an X in the box:

All other filers enter tax period:

beginning ending

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return	Identifying number as shown on return

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

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

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					
1 Current tax year employment number within New York State (see instructions)					1

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

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					
3 Net new jobs of the business in the tax-free NY area during the tax year (see instructions)					3
4 Add lines 2 and 3					4

5 Does the amount on line 1 equal or exceed line 4? (see instructions) 5 Yes No
If No, stop; you do **not** qualify for the credit. **Do not** complete the rest of this form.

Schedule B – Individual (including sole proprietor), partnership, and estate or trust

6 Telecommunication services excise tax paid (see instructions) 6 00

Fiduciary: Include the line 6 amount on line 9.

All others: Enter the line 6 amount on line 12.

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Schedule C – Partnership, New York S corporation, and estate and trust information (see instructions)

For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust (use additional Form(s) IT-640 if necessary).

A Name of entity	B Type	C Employer identification number	D Certificate number	E Year of business tax benefit period	F Share of credit
					00
					00
					00
					00
7 Total column F amounts from additional Form(s) IT-640, if any (see instructions)				7	00
8 Total (add column F amounts, including any amount from line 7)				8	00

Fiduciary: Include the line 8 amount on line 9.

All others: Enter the line 8 amount on line 13.

Schedule D – Beneficiary’s and fiduciary’s share of credit (see instructions)

9 Total (fiduciaries, enter the amount from line 6 plus the amount from line 8)	9	00
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A Beneficiary’s name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of credit
		00
		00
		00
		00
10 Share of credit allocated to beneficiaries (add column C amounts)		10 00
11 Fiduciary’s share of credit (subtract line 10 from line 9; enter the result here and on line 14)		11 00

Schedule E – Computation of credit (see instructions)

Individual and partnership	12	Enter the amount from line 6	12	00
Partner, S corporation shareholder, beneficiary	13	Enter the amount from line 8	13	00
Fiduciary	14	Enter the amount from line 11	14	00
	15	Total credit (add lines 12, 13, and 14; see instructions)	15	00

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