New York State 2015

Department of Taxation and Finance

Urban Youth Jobs Program Tax Credit

Tax Law – Article 9-A, Section 210-B.36

CT-635

All filers enter tax period:

beginning [   ] ending [   ]

Legal name of corporation filing franchise tax return	Employer identification number (EIN)

File this form with your franchise tax return. You must also attach a copy of the certificate of tax credit issued by the New York State (NYS) Department of Labor.

A Mark an **X** in the box if you are claiming this credit as a corporate partner .... ● [ ]

B Name of the business certified by the NYS Department of Labor to participate in the Urban Youth Jobs Program .... ● [   ]

C Certified business's EIN .... ● [   ]

D Number of certified youth employed full-time and included in this claim for credit .... ● [   ]

E Number of certified youth employed part-time and included in this claim for credit .... ● [   ]

Schedule A – Credit for certified youths

1 Urban youth jobs program tax credit *(see instructions)* .... ●	**1**		
2 **Partner:** Enter your share of the credit from your partnership from line 13 .... ●	**2**		
3 Total credit *(see instructions)* .... ●	**3**		

Schedule B – Computation of tax credit used, refunded, or credited as an overpayment to the next tax year *(see instructions)*. **New York S corporations:** Do not complete this section.

4 Tax due before credits *(see instructions)*	**4**		
5 Tax credits claimed before this credit *(see instructions)* .... ●	**5**		
6 Subtract line 5 from line 4	**6**		
7 Minimum tax *(see instructions)*	**7**		
8 Credit limitation *(subtract line 7 from line 6; if zero or less, enter 0)* .... ●	**8**		
9 Credit to be used this tax year *(see instructions)* .... ●	**9**		
10 Unused tax credit available as a refund or as an overpayment *(subtract line 9 from line 3)* .... ●	**10**		
11 Tax credit to be refunded *(limited to the amount on line 10; see instructions)* .... ●	**11**		
12 Amount to be applied as an overpayment to next year's tax *(subtract line 11 from line 10; see instructions)* ●	**12**		

Schedule C – Partnership information *(see instructions)*

Name of partnership	Partnership's EIN	Credit amount allocated
	●	
	●	
	●	
Total from attachment(s)		
13 Total credit allocated from partnerships *(enter here and on line 2)* .... ● **13**		

635001150094

Schedule D – Employee information and computation of credit *(complete a separate Schedule D for each certified youth; see instr.)*

Employee name	Social security number
Hire date *(mm-dd-yy)*	Last date of employment during the current tax year	

Part 1 – 2015 hours worked and monthly factors for full-time or part-time work *(see instructions)*

Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Number of hours worked												
Full-time or part-time factor												

Part 2 – 2016 hours worked and monthly factors for full-time or part-time work *(for fiscal year filers only; see instructions)*

Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Number of hours worked												
Full-time or part-time factor												

Part 3 – Computation of credit

14 Total monthly factors for first six months *(see instructions)* .... ●	**14**	
15 Six-month employment credit *(see instructions)*.................................	**15**	
16 Additional six-month credit *(see instructions)* .... ●	**16**	
17 Additional year credit *(see instructions)*....................................... ●	**17**	
18 Total tax credit for employee *(add lines 15, 16, and 17)*	**18**	

635002150094