



Workers with Disabilities Tax Credit

Tax Law – Article 9-A, Section 210-B.48

CT-644

All filers must enter tax period:

beginning ending

Legal name of corporation Employer identification number (EIN)

Attach to Form CT-3, CT-3-A, or CT-3-S. You must also attach a copy of the final *Certificate of Eligibility* issued by the New York State (NYS) Department of Labor.

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

B Enter the name and EIN of the business certified by the NYS Department of Labor to participate in the Workers with Disabilities Tax Credit Program.

Name of certified business EIN

C Enter the total number of qualified full-time employees claimed for this credit

D Enter the total number of qualified part-time employees claimed for this credit

E Enter the allocation year (see instructions)

Schedule A – Computation of credit for qualified full-time employees (Do not include employees shown in Schedule B below. See instructions.)

A Qualified employee's social security number	B Qualified employee's hire date	C Qualified employee's termination date, if applicable	D Qualified wages paid (see instructions)	E Multiply column D by 15% (.15)	F Enter lesser of column E or \$5,000
Total from additional sheet(s) if any.....					

1 Credit for qualified full-time employees (add column F amounts) **1**

Schedule B – Computation of credit for qualified part-time employees (Do not include employees shown in Schedule A above. See instructions.)

A Qualified employee's social security number	B Qualified employee's hire date	C Qualified employee's termination date, if applicable	D Qualified wages paid (see instructions)	E Multiply column D by 10% (.10)	F Enter lesser of column E or \$2,500
Total from additional sheet(s) if any.....					

2 Credit for qualified part-time employees (add column F amounts) **2**

3 Total credit for all qualified employees (add lines 1 and 2) **3**



