

Department of Taxation and Finance

# **Urban Youth Jobs Program Tax Credit**

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

**CT-635** 

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All filers enter tax period: beginning endina 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. All filers must complete line A. A Are you claiming this credit as a corporation that earned the credit (not as a corporate partner that received a share of the credit from a partnership)? (mark an **X** in the appropriate box)..... C corporations **New York S corporations** If Yes, complete lines B through F and Schedules A, B, and D. If Yes, complete lines B through F and Schedules A and D. If No, and you are claiming this credit as a corporate partner, If No, and you are claiming this credit as a corporate partner, complete Schedules A, B, and C. complete Schedules A and C. Name of the business certified by the NYS Department of Labor to participate in the Urban Youth Jobs Program...... Certified business's EIN ..... Number of certified youth employed full-time and included in this claim for credit ..... Number of certified youth employed part-time and included in this claim for credit ...... Program year from the certificate of eligibility ...... Schedule A – Credit for certified youths 1 Partner: Enter your share of the credit from your partnership from line 13 ...... 2 Total credit (see instructions) 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. Tax due before credits (see instructions) 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) Credit to be used this tax year (see instructions) 9 10

12 Amount to be applied as an overpayment to next year's tax (subtract line 11 from line 10; see instructions)

Schedule C -	<ul> <li>Partnership</li> </ul>	information	(see instructions)	)
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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)			

## 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 – 2016 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 – 2017 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	

