



Urban Youth Jobs Program Tax Credit

Tax Law – Article 22, Section 606(tt)

IT-635

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

Other filers enter tax period:

beginning and ending

Submit this form with Form IT-201, IT-203, IT-204, or IT-205. You must also submit a copy of the certificate of tax credit issued by the New York State (NYS) Department of Labor.

Name(s) as shown on return	Taxpayer identification number
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All filers **must** complete line A.

A Are you claiming this credit as an individual (sole proprietor), partnership, or fiduciary of an estate or trust that **earned** the credit (not as a partner, shareholder, or beneficiary, receiving a share of the credit)? (mark an X in the appropriate box; see instructions) Yes No

If Yes:

Individual (sole proprietor) and partnership: Complete lines B through F and Schedule A, Schedule B (line 5), and Schedule E.

Fiduciary: Complete lines B through F and Schedule A, Schedule B (line 5), and Schedules C and E.

If No, and you are claiming a credit passed through to you as a partner in a partnership, shareholder of a New York S corporation, or beneficiary of an estate or trust, complete Schedules B and D.

B Name of the business certified by the NYS Department of Labor to participate in the Urban Youth Jobs Program **B**

C Certified business's employee identification number (EIN) **C**

D Number of certified youth employed full-time and included in this claim for credit **D**

E Number of certified youth employed part-time and included in this claim for credit **E**

F Program year from the certificate of eligibility..... **F**

Schedule A – Credit for certified youths

1 Urban youth jobs program tax credit (see instructions)	1	.00
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Schedule B – Partner's, shareholder's, or beneficiary's share of credit (see instructions)

Partner	2	Enter your share of the credit from your partnership(s)	2	.00
S corporation shareholder	3	Enter your share of the credit from your S corporation(s).....	3	.00
Beneficiary	4	Enter your share of the credit from the estate(s) or trust(s)....	4	.00
	5	Total credit allowed (add lines 1 through 4; see instructions)	5	.00



Schedule C – Beneficiary’s and fiduciary’s share of credit

A Beneficiary’s name <i>(same as on Form IT-205, Schedule C)</i>	B Identifying number	C Share of tax credit
Total <i>(from line 5)</i>		.00
		.00
		.00
Fiduciary		.00

Schedule D – Partnership, S corporation, estate, and trust information *(see instructions)*

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name	Type	Employer ID number

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

Employee name		Social security number
Hire date <i>(mmdyyy)</i>	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

6 Total monthly factors for first six months <i>(see instructions)</i>	6	
7 Six-month employment credit <i>(multiply line 6 by 500)</i>	7	.00
8 Additional six-month credit <i>(see instructions)</i>	8	.00
9 Additional credit for employed an additional year <i>(see instructions)</i>	9	.00
10 Total tax credit for employee <i>(add lines 7, 8, and 9)</i>	10	.00

