



# Recapture of START-UP NY Tax Benefits

# IT-645

Tax Law – Sections 39 and 39-a

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** Employer identification number (EIN) of certified START-UP NY business ..... **B**

**Complete either Schedule A or Schedule B (see instructions)**

## Schedule A – Proportional recovery of tax benefits (see instructions)

1 Beginning and ending dates of the year subject to proportional recovery ..... 1	Beginning (mmddyyyy)	Ending (mmddyyyy)	
	<input style="width:150px" type="text"/>	<input style="width:150px" type="text"/>	
2 Year of START-UP NY business tax benefit period (1 through 10) .....			2

### Proportional recovery percentage

3 Benchmark net new jobs .....	3	<input style="width:95%" type="text"/>
4 Net new jobs actually created .....	4	<input style="width:95%" type="text"/>
5 Subtract line 4 from line 3 .....	5	<input style="width:95%" type="text"/>
6 Proportional recovery percentage (divide line 5 by line 3 and round to the fourth decimal place; see instr.)	6	<input style="width:95%" type="text"/>

### START-UP NY tax elimination credit (see instructions)

7 Credit claimed .....	7	<input style="width:95%" type="text" value=".00"/>
8 Proportional recovery percentage from line 6 .....	8	<input style="width:95%" type="text"/>
9 Recapture of credit (multiply line 7 by line 8) .....	9	<input style="width:95%" type="text" value=".00"/>

### START-UP NY telecommunication service excise tax credit (see instructions)

10 Credit claimed .....	10	<input style="width:95%" type="text" value=".00"/>
11 Proportional recovery percentage from line 6 .....	11	<input style="width:95%" type="text"/>
12 Recapture of credit (multiply line 10 by line 11) .....	12	<input style="width:95%" type="text" value=".00"/>



**Schedule A – Proportional recovery of tax benefits** *(continued)*

**Metropolitan Commuter Transportation Mobility Tax (MCTMT)** *(see instructions)*

13 MCTMT on payroll expenses previously excluded .....	13	.00	
14 Proportional recovery percentage from line 6 .....	14		
15 Recapture of MCTMT <i>(multiply line 13 by line 14)</i> .....	15		.00

**Sales and use tax** *(see instructions)*

16 Credit or refund claimed .....	16	.00	
17 Proportional recovery percentage from line 6 .....	17		
18 Recapture of credit or refund of sales and use tax <i>(multiply line 16 by line 17)</i> .....	18		.00

**Real estate transfer tax** *(see instructions)*

19 Transfer tax exempted .....	19	.00	
20 Proportional recovery percentage from line 6 .....	20		
21 Recapture of transfer tax <i>(multiply line 19 by line 20)</i> .....	21		.00
22 Total <i>(add lines 9, 12, 15, 18, and 21)</i> .....	22		.00

**Fiduciary:** Enter the amount from line 22 on line 32.  
**All others:** Enter the amount from line 22 on line 35.

**Schedule B – Recapture of tax benefits due to fraud** *(see instructions)*

23 START-UP NY tax elimination credit .....	23	.00
24 START-UP NY telecommunication service excise tax credit .....	24	.00
25 MCTMT on payroll expenses previously excluded .....	25	.00
26 Sales and use tax credits or refunds .....	26	.00
27 Real estate transfer tax previously exempted .....	27	.00
28 Wage exclusion claimed by employees .....	28	.00
29 Total recapture due to fraud <i>(add lines 23 through 28)</i> .....	29	.00

**Fiduciary:** Enter the amount from line 29 on line 32.  
**All others:** Enter the amount from line 29 on line 35.

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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-645 if necessary).

A Name of entity	B Type	C Employer identification number	D Certificate number	E Share of recapture
				.00
				.00
				.00
				.00

30 Total column E amounts from additional Form(s) IT-645 .....	<b>30</b>	.00
31 Total recapture (add column E amounts, including any amount from line 30) .....	<b>31</b>	.00

**Fiduciary:** Include the line 31 amount on line 32.  
**All others:** Enter the line 31 amount on line 36.

**Schedule D – Beneficiary’s and fiduciary’s share of recapture**

32 Total (fiduciaries: enter the amount from line 22 or line 29 plus the amount from line 31) .....	<b>32</b>	.00
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A Beneficiary’s name (same as on Form IT-205, Schedule C)	B Identifying number	C Share of recapture
		.00
		.00
		.00
		.00

33 Share of recapture allocated to beneficiaries (add column C amounts) .....	<b>33</b>	.00
34 Fiduciary’s share of recapture (subtract line 33 from line 32; enter here and on line 37) .....	<b>34</b>	.00



**Schedule E – Computation of recapture**

<b>Individual and partnership</b>	<b>35</b>	Enter the amount from line 22 or line 29 .....	<b>35</b>	.00
<b>Partner, S corporation shareholder, beneficiary</b>	<b>36</b>	Enter the amount from line 31 .....	<b>36</b>	.00
<b>Fiduciary</b>	<b>37</b>	Enter the amount from line 34 .....	<b>37</b>	.00
	<b>38</b>	<b>Total recapture</b> (add lines 35, 36, and 37; see instructions) .....	<b>38</b>	.00

**Individuals:** Enter the line 38 amount and code **645** on Form IT-201-ATT, line 20 or Form IT-203-ATT, line 19.

**Partnerships:** Enter the line 38 amount and code **645** on Form IT-204, line 148.

**Fiduciaries:** Include the line 38 amount on Form IT-205, line 12.

