

Department of Taxation and Finance

CT-639-ATT

Eligible Employee Information for the Minimum Wage Reimbursement Credit

Attachment to Form CT-639

Legal name of corporation	Employe	Employer identification number (EIN)								
Submit this form with Form CT-639 if you have more emposee Form CT-639-I, <i>Instructions for Forms CT-639 and C</i>			at form.							
Part 1 – Credit for hours worked when the for State (NYS) minimum wage (attach a			85% of the New York							
Total number of employees listed on this page										
A Name of eligible employee	Employee work location ZIP code (first 5 digits only)	C Social security number of eligible employee	D Hours worked at the NYS minimum wage rate							

1 Total number of hours listed on this page (add column D; include this total on Form CT-639, line 16)

Part 2 – Credit for hours worked when the federal minimum wage exceeds 85% of the NYS minimum wage (attach additional Form(s) CT-639-ATT, if necessary)

lc ZI (firs	B Employee work location ZIP code (first 5 digits only)	C Social security number of eligible employee	Hours worked at the NYS minimum wage rate	E NYS minimum hourly wage rate		F Federal minimum hourly wage rate		G Subtract column F from column E		H Credit amount (column D × column G
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