

Eligible Farm Employee Information for the Farm Workforce Retention Credit Attachment to Form CT-647

Legal name of corporation

YORK STATE

Employer identification number (EIN)

CT-647-ATT

Submit this form with Form CT-647 if you have more employees to report in Schedule D of that form. See Form CT-647-I, *Instructions for Forms CT-647 and CT-647-ATT*, Schedule D for assistance.

A Total number of employees listed on this page

A Name of eligible farm employee		B Employee work location ZIP code	C Social security number of eligible farm employee	D Hours worked for the tax year
First name	Last name	ZIP code (first 5 digits only)		-

