



Department of Taxation and Finance

# New York Youth Jobs Program Tax Credit

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

# CT-635

All filers enter tax period:

beginning

ending

Legal name of corporation	Employer identification number (EIN)
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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; see instructions) ..... Yes  No

**C corporations**

If Yes, complete lines B through F and Schedules A, B, and D.  
If No, and you are claiming this credit as a corporate partner, complete Schedules A, B, and C.

**New York S corporations**

If Yes, complete lines B through F and Schedules A and D.  
If No, and you are claiming this credit as a corporate partner, complete Schedules A and C.

**B** Name of the business certified by the NYS Department of Labor to participate in the New York Youth Jobs Program..... •

**C** Certified business's EIN ..... •

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

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

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

**Schedule A – Credit for certified youths**

1 New York youth jobs program tax credit (see instructions) .....	•	1	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>
2 <b>Partner:</b> Enter your share of the credit from your partnership from line 13 .....	•	2	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>
3 Total credit (see instructions) .....	•	3	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>

**Schedule B – Computation of tax credit used, refunded, or credited as an overpayment to the next tax year. New York S corporations: Do not complete this section.**

4 Tax due before credits (see instructions) .....	•	4	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>
5 Tax credits claimed before this credit (see instructions) .....	•	5	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>
6 Subtract line 5 from line 4 .....		6	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>
7 Minimum tax (see instructions) .....		7	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>
8 Credit limitation (subtract line 7 from line 6; if zero or less, enter 0) .....	•	8	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>
9 Credit to be used this tax year (see instructions) .....	•	9	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>
10 Unused tax credit available as a refund or as an overpayment (subtract line 9 from line 3) .....	•	10	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>
11 Tax credit to be refunded (limited to the amount on line 10; see instructions) .....	•	11	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>
12 Amount to be applied as an overpayment to next year's tax (subtract line 11 from line 10; see instructions) .....	•	12	<input style="width:100px" type="text"/>	<input style="width:100px" type="text"/>

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**Schedule C – Partnership information** *(see instructions)*

Name of partnership	Partnership's EIN	Credit amount allocated
Total from attachment(s) .....		
<b>13</b> Total credit allocated from partnerships <i>(enter here and on line 2)</i> .....		<b>13</b>

**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 <i>(mm-dd-yy)</i>	Last date of employment during the current tax year	

**Part 1 – 2018 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 – 2019 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**

<b>14</b> Total monthly factors for first six months <i>(see instructions)</i> .....	<b>14</b>	
<b>15</b> Six-month employment credit <i>(see instructions)</i> .....	<b>15</b>	
<b>16</b> Additional six-month credit <i>(see instructions)</i> .....	<b>16</b>	
<b>17</b> Additional year credit <i>(see instructions)</i> .....	<b>17</b>	
<b>18</b> Total tax credit for employee <i>(add lines 15, 16, and 17)</i> .....	<b>18</b>	

