



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 Employer identification number (EIN)

Submit this form with Form CT-639 if you have more employees to report in Schedule D or Schedule E of that form. See Form CT-639-I, Instructions for Forms CT-639 and CT-639-ATT, Schedules D and E, for assistance.

Part 1 - Credit for hours worked when the federal minimum wage does not exceed 85% of the New York State (NYS) minimum wage (attach additional Form(s) CT-639-ATT, if necessary)

A Total number of employees listed on this page

Table with 4 columns: A Name of eligible employee, B 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) 1



