



START-UP NY Telecommunication Services Excise Tax Credit

IT-640

Tax Law – Sections 39 and 606(yy)

Calendar-year filers, mark an X in the box:

All other filers enter tax period: beginning ending

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 |
| | |

All filers **must** complete line A.

A Are you claiming a credit as an individual (sole proprietor), partnership, or fiduciary of an estate or trust that **earned** the credit (not as a partner, shareholder, or beneficiary, receiving a share of the credit)? (mark an X in the appropriate box; see instructions) Yes No

If Yes, complete lines B and C and Schedules A and D. If No, complete lines B and C and Schedules B and D.
Fiduciary also complete Schedule C. Fiduciary also complete Schedule C.

B Certificate number from Form DTF-74, *Certificate of Eligibility*, issued to the approved START-UP NY business (see instructions) **B**

C Year of START-UP NY business tax benefit period (enter a number from 1 to 10; see instructions) **C**

Schedule A – Individual (including sole proprietor), partnership, and estate or trust

1 Telecommunication services excise tax paid (see instructions) **1** .00

Fiduciary: Include the line 1 amount on line 3.
All others: Enter the line 1 amount on line 6.

Schedule B – Partnership, New York S corporation, and estate or trust information (see instructions)

For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust (submit additional sheets if necessary).

| A Name of entity | B Type | C Employer identification number | D Certificate number | E Year of business tax benefit period | F Share of credit |
|---|------------------|---|--------------------------------|--|-----------------------------------|
| | | | | | .00 |
| | | | | | .00 |
| | | | | | .00 |
| | | | | | .00 |
| Total column F amounts from additional sheets, if any | | | | | .00 |
| 2 Total (add column F amounts) | | | | | 2 <input type="text"/> .00 |

Fiduciary: Include the line 2 amount on line 3.
All others: Enter the line 2 amount on line 7.

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Schedule C – Beneficiary’s and fiduciary’s share of credit (see instructions)

| | | |
|---|----------|-----|
| 3 Total (fiduciaries: add lines 1 and 2) | 3 | .00 |
|---|----------|-----|

| A Beneficiary’s name (same as on Form IT-205, Schedule C) | B Identifying number | C Share of credit |
|---|--------------------------------|-----------------------------|
| | | .00 |
| | | .00 |
| | | .00 |
| | | .00 |

| | | |
|---|----------|-----|
| 4 Share of credit allocated to beneficiaries (add column C amounts) | 4 | .00 |
| 5 Fiduciary’s share of credit (subtract line 4 from line 3; enter the result here and on line 8) | 5 | .00 |

Schedule D – Computation of credit (see instructions)

| | | | | |
|--|----------|---|----------|-----|
| Individual and partnership | 6 | Enter the amount from line 1 | 6 | .00 |
| Partner, S corporation shareholder, beneficiary | 7 | Enter the amount from line 2 | 7 | .00 |
| Fiduciary | 8 | Enter the amount from line 5 | 8 | .00 |
| | 9 | Total credit (add lines 6, 7, and 8; see instructions) | 9 | .00 |

