Department of Taxation and Finance



## NEW YORK STATE

## **Workers with Disabilities Tax Credit**

Tax Law - Article 9-A, Section 210-B.48

All filers must enter tax period:

			beginning			ending			
Legal name of corporation					Employer identification number (EIN)				
Attach to Form CT-3, CT-3-A, or (	CT-3-S. You must also	attach a copy	of the final <i>Cer</i>	tificate of Eligib	<i>ility</i> issu	ed by the N	lew Yor	k State	
All filers <b>must</b> complete line A. <b>A</b> Are you claiming this credit as received a share of the credit						Yes	•	No _	
C corporations			New York S	corporations					
If Yes, complete lines B throu	If Yes, complete lines B through E, and Schedules A and/or B, as applicable and Schedules C and D.				If Yes, complete lines B through E, and Schedules A and/or B, as applicable and Schedule C.				
If <i>No</i> , and you are claiming th complete Schedules C, D, an		e partner,		ou are claiming thedules C and	ing this credit as a corporate partner, and E.				
<b>B</b> Enter the name and EIN of th Credit Program.	e business certified by	y the NYS Dep	eartment of Labo	or to participate	in the V	Vorkers with	n Disab	ilities Tax	
Name of certified business				•	EIN				
C Enter the total number of qua	lified full-time employe	ees claimed for	r this credit				•		
<b>D</b> Enter the total number of qua	lified part-time employ	ees claimed fo	or this credit				•		
E Enter the allocation year (see	instructions)						•		
Schedule A – Computatio Schedule B. S	on of credit for questions.)	alified full-	time employ	rees (Do not i	nclude	employee	es show	vn in	
<b>A</b> Name of qualified employee	B Qualified employee's Social Security number	<b>C</b> Qualified employee's hire date	Qualified employee's termination date, if applicable	E Qualified wages paid (see instructions)		F Multiply column E y 15% (.15)	of o	G er lesser column F r 5,000	
Total from additional sheet(s) if a	2007								

## Schedule B – Computation of credit for qualified part-time employees (Do not include employees shown in Schedule A on page 1. See instructions.)

	otal from additional sheet(s) if Credit for qualified part-time						
	Total credit for all qualified e					3	
	Partner: Enter your share or		, .				
	<ul> <li>5 Unused credit carried over from previous tax years (New York S corporations, enter 0)</li> <li>6 Total credit (add lines 3, 4, and 5; New York S corporations, see instructions)</li> </ul>						
Sc	:hedule D – Computation	n of credit used or	carried forv	vard (New York	k S corporations o	do not complete	this schedule.)
	Tax due before credits (see in Tax credits claimed before the	his credit (see instruction	s)			8	
	Net tax (subtract line 8 from lin	ee 7)ee instructions)				. 10	
8 9 10	·		<ul> <li>11 Credit limitation (subtract line 10 from line 9; if zero or less, enter 0)</li> <li>12 Credit to be used this tax year (enter the lesser of line 6 or line 11 here and on your franchise tax return)</li> <li>13 Unused credit (subtract line 12 from line 6)</li> </ul>				
8 9 10 11 12	Credit limitation (subtract line Credit to be used this tax ye	ar (enter the lesser of line	e 6 or line 11 her	e and on your fran	nchise tax return)	• 12	
8 9 10 11 12 13 14	Credit limitation (subtract line Credit to be used this tax ye	ear (enter the lesser of line 2 from line 6)ee instructions)	e 6 or line 11 her	e and on your fran	nchise tax return)	12 13 14	

Name of partnership	Partnership's EIN	Credit amount allocated		
Total from additional sheet(s) if any				
16 Credit allocated from partnerships				

