

Department of Taxation and Finance

Farm Workforce Retention Credit Tax Law – Sections 42 and 210-B(51)

CT-647

All filers	must	enter	tax	perio	d:

	beginning		ending		
Legal name of corporation		En	nployer identifi	cation numbe	r (EIN)
File this form with your franchise tax return.		I			
All filers must complete line A.					
A Are you claiming this credit as a corporation that earned the received a share of the credit from a partnership)? (<i>Mark an</i> X				es •	No 🗌
C corporations If Yes, complete lines B, C, D and E, and Schedules A, B, and D and if applicable, Form CT-647-ATT.	If Yes, com	S corporations plete lines B, C if applicable, Fc	, D and E, a		ules A
If <i>No</i> , and you are claiming this credit as a corporate partner, complete Schedule A (lines 2 and 3), and Schedules B and C.		you are claiming mplete Schedul C.			
B Form CT-3 and CT-3-A filers, complete Worksheet A in the ins Worksheet B in the instructions. Is the amount shown on line Worksheet B at least 0.6667? <i>(see instructions)</i> If you marked a not qualify for this credit.	12 of Workshe an X in the <i>No</i>	eet A or on line box, stop : you	14 of do	es●□	No 🗌
C Enter the name, employer identification number (EIN), and ph	nysical addres	s of the farm.			
Business name		EIN	1		

Number and street	City	State	ZIP code
D Enter the total number of employees claimed for	this credit	•	

Е	Does line 11 of Worksheet A or line 13 of Worksheet B include more than 50% in income from		
	the sale of wine or cider? (see instructions)	Yes •	No 🗌

(continued)



Schedule A – Computation of credit (complete Schedules C and D, as applicable, before completing this schedule)					
1 Farm workforce retention credit from line 18		1			
2 Partner: Enter your share of the credit from your partnership(s) from line 13		2			
3 Total credit (add lines 1, and 2; New York S corporations, see instructions)		3			

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

4	Tax due before credits (see instructions)	4	
	Tax credits claimed before this credit (see instructions)		
6	Subtract line 5 from line 4	6	
7	Fixed dollar minimum tax (see instructions)	7	
8	Credit limitation (subtract line 7 from line 6; if zero or less, enter 0)	8	
9	Credit to be used this tax year (enter the lesser of line 3 or line 8 here and on your franchise tax return)	9	
10	Unused tax credit available as a refund or as an overpayment (subtract line 9 from line 3)	10	
11	Tax credit to be refunded (limited to the amount on line 10; enter here and on your franchise tax return)	11	
12	Amount to be applied as an overpayment to next year's tax (subtract line 11 from line 10; enter here and		
	on your franchise tax return)●	12	

Schedule C – Partnership information (see instructions)

Α	В	С
Name of partnership	Partnership's EIN	Credit amount allocated
otal column C amounts from additional sheets, if any	·····	
3 Total credit allocated from partnerships (enter here and on line 2)		3



Name of eligib	A Name of eligible farm employee		C Social Security number of eligible farm employee	D Hours worked for the tax year
First name	Last name	(first 5 digits only)		

Schedule D – Eligible farm employee information

14	Total number of eligible farm employees listed in Schedule D (see instructions)	14	
15	Total number of eligible farm employees from Form(s) CT-647-ATT, line A	15	
16	Add lines 14 and 15	16	
17	Tax credit rate (400)	17	400
18	Tax credit (multiply line 16 by line 17; enter here and on line 1)	18	

