

Department of Taxation and Finance

CT-647-ATT

Eligible Farm Employee Information for the Farm Workforce Retention Credit

Attachment to Form CT-647

| Legal name of corporation | | | | Employer identification number (EIN) | |
|---|----------------|-----------------------------------|--|--|--|
| Submit this form with Form CT-647 if you have more employees to report in Schedule D of that form. See Form CT-647-I, <i>Instructions for Forms CT-647 and CT-647-ATT</i> , Schedule D for assistance. | | | | | |
| A Total number of employees liste | d on this page | | | | |
| A Name of eligible farm employee | | B Employee work location | C Social Security number of eligible farm employee | D Hours worked for the tax year | |
| First name | Last name | ZIP code (first 5 digits only) | | | |
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