Department of Taxation and Finance

Eligible Farm Employee Information for the Farm Workforce Retention Credit

Attachment to Form IT-647

IT-647-ATT

Submit this form with Form IT-647 if you have more employees to report in Schedule A of that form.
See Form IT-647-I, *Instructions for Forms IT-647 and IT-647-ATT,* Schedule A, for assistance.

Name(s) as shown on return	Identifying number as shown on return
Business name	Employer identification number (EIN)

A Total number of employees listed on this page *(include this total on Form IT-647, line 2)* .....

A Name of eligible farm employee		**B** Employee work location ZIP code *(first 5 digits only)*	**C** Social Security number of eligible farm employee	**D** Hours worked for the tax year
First name	Last name			

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