



Department of Taxation and Finance

Recovery Tax Credit

Tax Law – Sections 210-B.53 and 1511(dd)

All filers must enter tax period:

beginning  ending

Legal name of corporation	Employer identification number (EIN)
---------------------------	--------------------------------------

File this form with your franchise tax return. You must also submit a copy of the certificate of tax credit issued by the New York State Office of Addiction Services and Supports (NYS OASAS).

All filers **must** complete line A.

**A** Are you claiming this credit as a corporation that **earned** the credit (not as a corporate partner that received a share of the credit from a partnership)? (mark an **X** in the appropriate box; see instructions) • Yes  No

**C corporations**

If **Yes**, complete lines B through D, and Schedules A, B, and C.

If **No**, and you are claiming this credit as a corporate partner, complete Schedules B and C.

**New York S corporations**

If **Yes**, complete lines B through D, and Schedules A and B.

If **No**, and you are claiming this credit as a corporate partner, complete Schedule B.

**Certificate information**

On lines B through D below, enter the information from your certificate of tax credit.

**B** Name and EIN of the business certified by the NYS OASAS to participate in the Recovery tax credit program.

Name of certified business	EIN
----------------------------	-----

**C** Certificate number .....

**D** Number of eligible employees for which the recovery tax credit is being claimed .....

**Schedule A – Computation of credit**

1 Recovery tax credit (see instructions) .....	1	
--	---	--

**Schedule B – Partnership information (see instructions)**

A Name of partnership	B Partnership's EIN	C Certificate number	D Credit amount allocated

Total from additional sheet(s), if any.....

**2** Total credit allocated from partnership(s) (add column D amounts) .....

**3** Total credit (add lines 1 and 2; New York S corporations, see instructions) .....

581001210094



**Schedule C – 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	
5 Tax credits claimed before this credit (see instructions) .....	5	
6 Tax after application of credits (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 line 7 is more than line 6, enter 0) .....	8	
9 Credit used for 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 Amount of credit to be refunded (limited to the amount on line 10; enter here and on your franchise tax return) .....	11	
12 Amount of credit to be applied as an overpayment to the next year's tax (subtract line 11 from line 10; enter here and on your franchise tax return) .....	12	

