

Department of Taxation and Finance

IT-613

Claim for Environmental Remediation Insurance Credit For Qualified Sites Accepted into the Brownfield Cleanup Program Prior to July 1, 2015 Tax Law – Sections 23 and 606(ff)

		Tax Law Goodfollo 20 and Goo	χ,	Calendar-	vear file	rs, mark an X in the b	ox:
			Other fil	ers enter tax p	-	,	
			beginnin	g		and ending	
		IT-613 with your personal income					
		205 for each Certificate of Comple	tion (CoC).		□ Identify	ying number as shown on	return
Name(s) as shown	on i	return			Identili	ying number as snown on	Totalli
					J		
Schedule A – E	3ro\	wnfield site identifying inform	nation (see instructions, Form	i IT-613-I)			
A Enter the dat	te of	execution of the Brownfield Clear	nup Agreement (BCA) for the b	rownfield site			
for which y	ou a	are claiming the credit (mmddyyyy).				Α	
		ng information as listed on the Co0					
		(DEC) for the qualified site (see ins					
copy of the cer	rtific	ation form for the environmental re	emediation insurance tax credit	completed by	the ins	urer.	
Site name				Site location	n		
			Municipality	Cou	nty		
DEC region			Division of Environmental Remed	iation (DER) site	e numbei	Date CoC was issue	d
		box if you received notification fro		•		• 🗆	
site is loca	ited	in a Brownfield Opportunity Area				С	
Schedule B – I	ndi	viduals (including sole propr	ietors), partnerships, and	fiduciaries			
1 Qualified env	/iror	mental remediation insurance pre	miums paid (see instructions)		1		.00
2 Multiply line	1 by	50% (.50)			2		.00
3 Enter the les	ser	of line 2 or \$30,000			3		.00
Individuals	and	partnerships: Enter the line 3 am	nount on line 8.				
		ude the line 3 amount in the <i>Total</i>					
Schedule C – F	Part	nership, S corporation, estat	e, and trust information (s	see instruction	s)		
lf you were a partn	er in	a partnership, a shareholder of a Ne	w York S corporation, or a benefi	ciary of an esta	ate or tru	st and received a shar	e of
		ediation insurance credit from that en be, enter P for partnership, S for S co			partners	hip, New York S corpo	ration,
colate, or trust. I of	1 1 1 1		The column of th			Employer ID number	
		Name		Туре		Employer ID number	
Schedule D – F	Part	ner's, shareholder's, or bene	eficiary's share of credit (s	ee instruction	s)		
Partner	4	Enter your share of the credit from	<u> </u>		4		.00
S corporation			,				
shareholder	5	Enter your share of the credit from	n your S corporation	<u></u>	5		.00
Beneficiary	6	Enter your share of the credit from			6		.00
	7	Total (add lines 4, 5, and 6)			7		.00

Fiduciaries: Include the line 7 amount in the Total line of Schedule E, column C.

All others: Enter the line 7 amount on line 9.



Schedule E - Beneficia	v's and fiduciar	v's share of credit and i	recapture of credit	(see instructions)
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Α	В	С	D
Beneficiary's name (same as on Form IT-205, Schedule C)	Identifying number	Share of environmental remediation insurance credit	Share of recapture of credit
Total (see instructions)			
		.00	. 00
		.00	.00
		.00	.00
Fiduciary		.00	.00

Individuals and partnerships		Enter the amount from line 3	8	.00
Partners, S corporation				
shareholders, beneficiaries	9	Enter the amount from line 7	9	.00
Fiduciaries	10	Enter the amount from Schedule E, column C, Fiduciary line	10	.00
11 Total environmental remediation insurance credit				
		(see instructions)	11	.00

Schedule G - Summary of recapture of environmental remediation insurance credit

Fiduciaries: Include the line 12 amount on the Total line of Schedule E,

column D and continue with line 14.

All others: Continue with line 13.

13 Partners in a partnership, shareholders of an S corporation, and beneficiaries of an estate or trust:

	Enter your share of recapture of the environmental remediation insurance credit (see instructions)	13	.00
14	Fiduciaries: Enter amount from Schedule E, column D, <i>Fiduciary</i> line	14	.00
15	Recapture amount (add lines 12, 13, and 14; fiduciaries, see instructions)	15	.00

Individuals: Enter the line 15 amount and code **173** on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.

Partnerships: Enter the line 15 amount and code 173 on Form IT-204, line 148.

Fiduciaries: Include the line 15 amount on Form IT-205, line 12.

