

Department of Taxation and Finance

Farm Donations to Food Pantries Credit

lit CT-649

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Tax Law - Section 210-B(52)

All filers must enter tax period: beginning ending Legal name of corporation Employer identification number (EIN) File this form with Form CT-3, CT-3-A, or CT-3-S. 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 New York S corporations If Yes, complete line C and Schedules A and D. If Yes, complete lines B and C, and Schedules A, B, If No, and you are claiming this credit as a corporate partner, complete Schedule A (lines 2 and 3) and If No, and you are claiming this credit as a corporate Schedule C. partner, complete line B, Schedule A (lines 2 and 3), and Schedules B and C. B Is your federal gross income from farming at least two-thirds of your excess federal gross income No If No, stop: you do not qualify for this credit. **C** Enter the name, EIN, and physical address of the farm. EIN Business name Number and street City State ZIP code Schedule A: Calculation of credit (complete Schedules C and D, as applicable, before completing this schedule) 1 Farm donations to food pantries credit from line 16 Schedule B: Calculation 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) 5 Tax credits claimed before this credit (see instructions) 6 6 Subtract line 5 from line 4 7 7 Fixed dollar minimum tax (see instructions) 9 Credit to be used this tax year (enter the lesser of line 3 or line 8 here and on your franchise tax return)

10 Unused tax credit available as a refund or as an overpayment (subtract line 9 from line 3)

11 Tax credit to be refunded (limited to the amount on line 10; enter here and on your franchise tax return)

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)



Schedule C: Partnership information (see instructions)

A Name of partnership	B Partnership's EIN	C Credit amount allocated
Total column C amounts from additional forms, if any		
13 Total credit allocated from partnerships (enter here and on line 2)		

Schedule D: Qualified donations (see instructions)

Complete columns A through E for each qualified donation.

A Date of qualified donation	B Location of qualified donation (city and state)	C Name of eligible food pantry	D EIN of eligible food pantry	E Fair market value of the qualified donation
Total of colum				
14 Total of all column E amounts				
15 Multiply line 14 by 25% (0.25)				
16 Enter the I				