

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 Goodfolio 20 and Goo	· · · · /	Calendar-	vear filer	rs, mark an X in the	box.
			Othe	r filers enter tax p	•	o, mark arr x m aro	20XI
			begir			and ending	
ile a senarate Fo	orm	IT-613 with your personal income	•	5		J	
		205 for each <i>Certificate of Comple</i>					
Name(s) as shown			(0.0.0).		Identify	ring number as shown	on return
, ,							
Schedule A – E	Brov	wnfield site identifying inform	nation (see instructions, Fo	orm IT-613-I)			
A Enter the dat	e of	execution of the Brownfield Clear	nup Agreement (BCA) for the	e brownfield site			
for which y	ou a	are claiming the credit (mmddyyyy)				Α	
B Enter the follo	owir	ng information as listed on the Co	C issued by the Department	of Environmenta	ıl		
Conservati	ion (DEC) for the qualified site (see ins	tructions). Submit a copy of	the CoC. Also s	ubmit a		
copy of the	е се	rtification form for the environmen	tal remediation insurance ta	x credit complete	ed by the	e insurer.	
Site name				Site location	n		
			Municipality	Cou	ntv		
DEC region			Division of Environmental Ren		,	Date CoC was issu	ued
C Mark an X in	the	box if you received notification fro	m the Department of State	that the qualified		'	
		in a Brownfield Opportunity Area				c \square	
		,					
		viduals (including sole propr	,, , , , , , , , , , , , , , , , , , ,				
		mental remediation insurance pre			1		.00
	•	50% (.50)			2		.00
3 Enter the less	ser	of line 2 or \$30,000			3		.00
Individuals a	and	partnerships: Enter the line 3 am	nount on line 8.				
		ude the line 3 amount in the <i>Total</i>		C.			
Schedule C – F	Part	nership, S corporation, estat	te, and trust information	n (see instruction	s)		
vou were a partn	er in	a partnership, a shareholder of a Ne	ew York S corporation, or a be	neficiary of an esta	ate or trus	st and received a sh	are of
ne environmental	reme	ediation insurance credit from that en	tity, complete the following inf	ormation for each			
state, or trust. For	Тур	pe, enter P for partnership, S for S co	rporation, or <i>ET</i> for estate or t	rust.			
		Name		Type	I	Employer ID numb	er
						-	
Schodulo D - F) art	ner's, shareholder's, or bene	oficiary's chara of crodi	t (aga instruction	c)		
Partner	4	Enter your share of the credit from		-	4		00
	-	Line your share of the Gedit Hor	ii youi partiiersiiip		4		. 00
S corporation shareholder	5	Enter your share of the credit from	m vour S corporation		5		.00
onar onolugi	5	Line your share of the dealt hor	ii your o corporation		J		.00
Beneficiary	6	Enter your share of the credit from	n the estate or trust		6		00
	7	Total (add lines 4, 5, and 6)			7		.00 .00
		iotai (add iiiios 7, 0, aiid 0)	***************************************		1		•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	rv's and fiduciar	v's share of credit and	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.

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.

