

Department of Taxation and Finance

## **Farm Donations to Food Pantries Credit**

IT-649

Tax Law - Section 606(n-2)

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.

N	ame(s) as shown on return			Identifying n	iumber as shown	on return		
Αl	Il filers <b>must</b> complete line A.							
Α	Are you claiming this credit as an individual (sole trust that <b>earned</b> the credit (not as a partner, sha credit)? (mark an <b>X</b> in the appropriate box; see instru	areholder, or be	eneficiary, receiving a sha	re of the		No 🗆		
	If Yes: Individual (sole proprietor): Complete lines B a and Schedules A and D.	and C,	If <i>No</i> , complete line B ar Fiduciary also complete					
	Fiduciary: See instructions.							
	Partnership: Complete line C and Schedules A and D.							
В	Is your federal gross income from farming at least two-thirds of excess federal gross income for the tax year? (mark an <b>X</b> in the appropriate box; see instructions)							
	Form IT-201 and Form IT-203 filers: If No, stop: you do not qualify for this credit.							
	Form IT-205 filers: See line B instructions.							
С	Enter the name, employer identification number	(EIN), and phy	sical address of the farm.					
В	usiness name			EIN				
N	umber and street	City		State	ZIP code			

(continued)



## Schedule A: 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	<b>D</b> EIN of eligible food pantry	<b>E</b> Fair market value of the qualified donation
				.00
				.00
				.00
				.00
				.00.
				.00
				.00
Total of column E amounts from additional forms, if any				.00
	column E amounts)			.00
2 Multiply line 1 by 25% (0.25)				.00.
	esser of line 2 or 5000			.00

Individuals and partnerships: Enter the line 3 amount on line 8.

Fiduciaries: Include the line 3 amount on line 5.

## Schedule B: Partner's, shareholder's, or beneficiary's share of credit (see instructions)

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the farm donations to food pantries credit from that entity, complete the following information for each partnership, S corporation, or estate or trust. For *Type*, enter *P* for partnership, S for S corporation, or *ET* for estate or trust.

A Name of entity	<b>В</b> Туре	C EIN	<b>D</b> Share of credit
			.00
			.00
			.00
			.00
Total column D amounts from additional forms, if any			.00
4 Total (add column D amounts)			.00

**Fiduciaries:** Include the line 4 amount on line 5. **All others:** Enter the line 4 amount on line 9.



Schedule C: Beneficiary	's a	nd fiduciary's share of credit (see instructions)		
5 Total (fiduciaries: add lines 3 and 4)				.00
Beneficiary's name <i>(sa</i>		C Share of credit		
				.00.
				.00.
				.00.
				.00.
Total column C amounts from add	itiona	l forms, if any		.00
6 Share of credit allocated to be	nefici	aries (add column C amounts)	6	.00
7 Fiduciary's share of credit (sub	tract l	ine 6 from line <b>5</b> ; enter here and on line 10)	7	.00
Schedule D: Calculation	of o	credit (see instructions)		
Individuals and partnerships	8	Enter the amount from line 3	8	.00.
Partners, S corporation shareholders, beneficiaries 9 Enter the amount from line 4		9	.00	
Fiduciaries	Enter the amount from line 7	10	.00.	
	11	Total credit (add lines 8, 9, and 10)	11	.00.

