

**Application for Certification of a
Qualified Emerging Technology
Company**

Tax Law – Articles 9-A and 22

DTF-620

This application is for the certification period:

beginning

ending

Part 1: Business information (all applicants must complete this section)

Department use only

Print or type

1 Legal name (see instructions)**2** Trade name/DBA (if different from line 1; see instructions)**3** Physical address of business in New York State (number and street; see instructions)

City

State

ZIP code

4 Mailing address (if different from business address; see instructions)

City

State

ZIP code

5 County (place of business in New York State)**6** Business telephone number (include area code)**7** Date business began or will begin in NYS**8** Taxpayer identification number (see instructions)**9** Type of organization: (mark an **X** in one box)Corporation ☐Partnership ☐LLC ☐Other (specify) ☐

10 I authorize the Commissioner of Taxation and Finance to disclose publicly that the above company is a certified qualified emerging technology company (QETC) for the certification period shown on this application, if the company so qualifies. The disclosure of information may include the information shown on lines 1, 2, 3, and 4 of this application (mark an **X** in one box).....

Yes ☐No ☐**Part 2: Eligibility requirements** (mark an **X** in the appropriate box)**11** Is the company located in New York State? (see instructions).....Yes ☐No ☐**12** Are the total annual product sales of the company \$10,000,000 or less? (see instructions)Yes ☐No ☐

If you answered **Yes** to questions 11 **and** 12, continue to line 13 to see if you are eligible to be certified as a QETC under Category 1. If you answered **No** to either question 11 **or** 12, **stop**; you are **not** eligible to be certified as a QETC.

Category 1: Primary products or services**13** Does the company develop or create products or services that are classified as emerging technologies?Yes ☐No ☐

If **Yes**, enter a description of the company's emerging technology products or services and continue to line 14:

If **No**, skip to line 18.

14 Enter gross receipts or sales from the company's emerging technology products or services described on line 13

14. _____

15 Enter total gross receipts or sales from all the company's products or services.....

15. _____

If line 15 is zero, skip to line 18.

If line 15 is greater than zero, continue to line 16.

16 Divide line 14 by line 15 (enter the result as a percentage)

16. _____ %

17 Is the percentage on line 16 greater than 50%?

Yes ☐No ☐

If you answered **Yes** to questions 13 and 17, you **are** eligible to be certified as a QETC under Category 1. Sign the application in the *Certification* area and mail it to the address shown on page 2. If you answered **No** to either question 13 or 17, continue to line 18.

18 Enter the total expenditures attributable to the development or creation of emerging technology products or services included on your federal return..... 18. _____

19 Enter the total expenditures included on your federal return..... 19. _____

20 Divide line 18 by line 19 (enter the result as a percentage) 20. _____ %

21 Is the percentage on line 20 greater than 50%? Yes ☐ No ☐

If you answered **Yes**, you are eligible to be certified as a QETC under Category 1. Sign the application in the certification area and mail it to the address shown below. If you answered **No**, complete lines 22 through 26 to determine if you are eligible to be certified under Category 2.

Category 2: Research and development (R&D) activities

22 Does the company have R&D activities in New York State?..... Yes ☐ No ☐
If **No**, **stop**; you are **not** eligible to be certified as a QETC.

23 Enter the amount of R&D funds (see instructions) 23. _____

24 Enter the amount of net sales (if you have any amount of R&D funds, but zero net sales, you are a QETC; skip to line 26 and mark an **X** in the Yes box; see instructions)..... 24. _____

25 R&D funds percentage (divide line 23 by line 24; enter the result as a percentage) 25. _____ %

26 Does the percentage on line 25 equal or exceed the applicable percentage for the certification period for which you are applying (see instructions)?..... Yes ☐ No ☐

If you answered **Yes** to questions 22 **and** 26, you are eligible to be certified as a QETC under Category 2. Sign the application in the *Certification* area and mail it to the address shown below.

If you failed to qualify under Category 1, and answered **No** to either question 22 or 26 in Category 2, you are **not** eligible to be certified as a QETC and should not file this application.

Certification

I declare that to the best of my knowledge and belief this application is correct and complete. I understand that a willfully false representation is a crime punishable under section 1801 of the New York State Tax Law and sections 175.35 and 210.45 of the Penal Law.

Signature of authorized person	Title	Date
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Mail the application to:

**NYS TAX DEPARTMENT
PSSB ACCOUNT UPDATE UNIT
W A HARRIMAN CAMPUS
ALBANY NY 12227-0866**

If not using U.S. Mail, see Publication 55, *Designated Private Delivery Services*.