



Department of Taxation and Finance

# Eligible Employee Information for the Minimum Wage Reimbursement Credit

Attachment to Form CT-639

# CT-639-ATT

Legal name of corporation	Employer identification number (EIN)
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Submit this form with Form CT-639 if you have more employees to report in Schedule D or Schedule E of that form. See Form CT-639-I, *Instructions for Forms CT-639 and CT-639-ATT*, Schedules D and E, for assistance.

**Part 1 – Credit for hours worked when the federal minimum wage does not exceed 85% of the New York State (NYS) minimum wage** (*attach additional Form(s) CT-639-ATT, if necessary*)

**A** Total number of employees listed on this page .....

<b>A</b> Name of eligible employee	<b>B</b> Employee work location ZIP code <small>(first 5 digits only)</small>	<b>C</b> Social security number of eligible employee	<b>D</b> Hours worked at the NYS minimum wage rate

Total number of hours listed on this page ( <i>add column D; include this total on Form CT-639, line 16</i> ) .....	<b>1</b>
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