IT-236

Credit for Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities

For costs incurred on c	or after January	1, 2011			
Tax Law – Section 606(tt)		Fiscal-year filers	enter tax	tax period:	
		beginning		ending	
Name(s) as shown on your return			Identifyir	ng number as shown on return	
Submit this form with Form IT-201, IT-203, IT-204, or I	T-205				
Part 1: Individual (including sole propriet	or), partnership	, and estate or trus	st (see in	structions)	
Schedule A: Purchase of new vehicle manufa for each vehicle)	ctured to be acce	ssible to persons wi	th disab	ilities (use a separate line	
A Vehicle identification number (VIN) of new vehicle	Total p	B Total purchase price of new vehicle		Enter 15,000 (electric vehicle) or 10,000 (other vehicles)	
			.00		
			.00 .00		
1 Total of column C amounts from additional form(s	•			.00	
Total of all column C amounts (include any amount of all column C)	on line 1)		. 2	.00	
Schedule B: Upgrade of motor vehicle (use a s	separate line for each	vehicle; see instruction	s)		
A VIN of upgraded vehicle	B Date incremental costs incurred (mmddyyyy)	Date incremental cost costs incurred (see instructions)		D Enter the lesser of column C, 15,000 (electric vehicle), or 10,000 (other vehicles)	
			.00	.00	
			.00	.00	
			.00	.00	
3 Total of Schedule B, column D amounts from add	itional form(s), if any		. 3	.00	
4 Total of all Schedule B, column D amounts (include	le any amount on line 3)			.00.	
5 Add lines 2 and 4			. 5	.00	
Fiduciary: Include the line 5 amount on the <i>Total</i> All others: Enter the line 5 amount on line 10	line of Part 4, colum	n C			
Part 2: Partnership, New York S corporati	ion, estate, and f	trust information (see instru		
If you were a partner in a partnership, a shareholder of share of the credit for taxicabs and livery service vehic information for each partnership, S corporation, estate trust. You must also complete Parts 3 and 5, and, if approximation of the complete parts 3 and 5, and, if approximation is a service of the complete parts 3 and 5.	cles accessible to per e, or trust. For <i>Type</i> e	rsons with disabilities fro	m that ent	tity, complete the following	
Name		Туре	Emp	loyer identification number	

Part 3: Partner's, shareholder's, or beneficiary's share of credit (see instructions)

Partner	6	Enter your share of the credit from your partnership	6	.00
S corporation				
shareholder	7	Enter your share of the credit from your S corporation	7	.00
Beneficiary	8	Enter your share of the credit from the estate(s) or trust(s)	8	.00
	9	Total (add lines 6, 7, and 8)	9	.00

Fiduciary: Include the line 9 amount on the *Total* line of Part 4, column C.

All others: Enter the line 9 amount on line 11.

Part 4: Beneficiary's and fiduciary's share of credit (see instructions)

A	В	С
Beneficiary's name (same as on Form IT-205, Schedule C)	Identifying number	Share of credit
Total (fiduciaries, enter the amount from line 5 plus the amount from line 9)		.00.
		.00.
		.00
Fiduciary		.00

Part 5: Calculation of credit

Individual (including sole proprietor) and partnership	10	Enter the amount from line 5	10	.00
Partner, S corporation				
shareholder, and beneficiary	11	Enter the amount from line 9	11	.00
Fiduciary	12	Enter the amount from Part 4, Fiduciary line, column C	12	.00
	13	Enter the carryover credit from last year's Form IT-236	13	.00
	14	Total credit (add lines 10 through 13)	14	.00

Partnership: Enter the line 14 amount and code 236 on Form IT-204, line 147.

All others: Complete Part 6.

Part 6: Application of credit and calculation of carryover

15	Total credit (enter the amount from line 14)	15	.00
16	Enter tax due before credits (see instructions)	16	.00
	Credits applied against the tax before this credit (see instructions)	17	.00
18	Net tax (subtract line 17 from line 16)	18	.00
19	Amount that you applied against this year's tax (see instructions)	19	.00
20	Amount of credit available for carryover to next year (subtract line 19 from line 15)	20	.00

