Department of Taxation and Finance

Eligible Employee Information for the Minimum Wage Reimbursement Credit

Attachment to Form IT-639

IT-639-ATT

Submit this form with Form IT-639 if you have more employees to report in Schedule A, Part 1 or Part 2 of that form. See Form IT-639-I, *Instructions for Forms IT-639 and IT-639-ATT,* Schedule A, Parts 1 and 2, for assistance.

Name(s) as shown on return	Identifying number as shown on return
Business name	Employer identification number (EIN)

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

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

A Name of eligible employee		**B** Employee work location ZIP code *(first 5 digits only)*	**C** Social security number of eligible employee	**D** Hours worked at the NYS minimum wage rate	
First name	Last name				

1 Total number of hours listed on this page *(add column D; include this total on Form IT-639, line 2)* **1**

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Part 2 – Credit for hours worked when the federal minimum wage exceeds 85% of the NYS minimum wage *(submit additional Form(s) IT-639-ATT, if necessary)*

B Total number of employees listed on this page .....

A Name of eligible employee *(First initial, last name)*	B Employee work location ZIP code *(first 5 digits only)*	C Social security number of eligible employee	D Hours worked at the NYS minimum wage rate	E NYS minimum hourly wage rate	F Federal minimum hourly wage rate	G Subtract column F from column E *(see instr.)*	H Credit amount *(column D × column G)*

2 Total of column H amounts on this page *(round to nearest whole dollar; include this amount on Form IT-639, line 7)* **2** 00

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