New York State Department of Taxation and Finance

Partnership Return

IT-204

2012

See the instructions, Form IT-204-I.

For calendar year 2012 or tax year beginning 12 and ending

Legal name	Employer identification number (EIN)
Test V-1204	115365910
Trade name of business if different from legal name above	Principal business activity
V-1204	Agency

Address *(number and street or rural route)*	City, village, or post office	NAICS business code number *(see instr)*
91 Broadway	Albany	524210

State	ZIP code	Country	Principal product or service	Date business started
NY	12211-2042	United States	Insurance	03-07-2007

Section 1 – Partnership information

Special conditions for filing your 2012 tax return *(see instr)* E3 A6

A Mark an ***X*** in the box that applies to your entity

☐ Regular partnership ☒ Limited liability partnership (LLP) ☐ Portfolio investment partnership *(see instr.)* ☐ Other

☐ Limited liability company (LLC - including limited liability investment company and a limited liability trust company)

B 1) Did the partnership have any income, gain, loss, or deduction derived from NY sources during the tax year?.. **B1** Yes ☒ No ☐

2) If *No*, enter the number of resident partners **B2**

C Mark applicable box(es) ☒ Change of address ☒ Initial return ☐ Amended return ☐ Final return *(submit explanation)*

D 1) Is this return the result of federal audit changes?..... **D1** Yes ☐ No ☒

If *Yes* : 2) Enter date of final federal determination..... **D2**

3) Do you concede the federal audit changes? ..... **D3** Yes ☐ No ☐

E Did you file a NYS partnership return for: 1) 2010? **E1** Yes ☒ No ☐ ..... 2) 2011? **E2** Yes ☒ No ☐

If *No*, state reason:

F Number of partners

1) Article 22 ..... **F1** 1

2) Article 9-A **F2** 1

3) Other **F3**

4) Total **F4** 2

G Does the partnership currently have tax accounts with NYS for the following taxes?

1) Sales and use tax Yes ☐ No ☒ ..... *(if Yes, enter ID number)* **G1**

2) Withholding tax Yes ☒ No ☐ ..... *(if Yes, enter ID number)* .... **G2** TF 223456702

H Did the partnership have an interest in real property located in NYS during the last three years?..... **H** Yes ☐ No ☒

I Has there been a transfer or acquisition of a controlling interest in this entity during the last three years? ..... **I** Yes ☐ No ☒

J Are any partners in this partnership also partnerships or LLCs? ..... **J** Yes ☒ No ☐

K Did the partnership engage in a like-kind transaction under IRC 1031 during the tax year?..... **K** Yes ☐ No ☒

L Was there a distribution of property or a transfer of a partnership interest during the tax year? ..... **L** Yes ☐ No ☒

M Did the partnership make an election under IRC section 754?..... **M** Yes ☐ No ☒

N Is this partnership under audit by the IRS or has it been audited in a prior year? ..... **N** Yes ☐ No ☒

O Is the partnership required to file Form DTF-686 or DTF-686-ATT for this filing period, to report a reportable transaction, New York reportable transaction, listed transaction or registered tax shelter?..... **O** Yes ☒ No ☐

If *Yes*, complete and submit Form(s) DTF-686, DTF-686-ATT, and any applicable federal forms.

P Did the partnership make purchases subject to sales and compensating use tax for which NYS tax was not paid? *(see instr.)* **P** Yes ☐ No ☒

Q Did the partnership have a financial account located in a foreign country? *(see instructions)*..... **Q** Yes ☐ No ☒

Third-party designee? *(see instr.)* Yes ☒ No ☐	Print designee's name: James Smith	Designee's phone number: (518) 555-1212	Personal identification number (PIN): 12345
	E-mail: third-party@tp.com		

▼ **Paid preparer must complete** *(see instr.)* ▼	Date: 03-29-2013
Preparer's signature: Justin Case	Preparer's NYTPRIN: 75634281
Firm's name *(or yours, if self-employed)*: TAX Inc	Preparer's PTIN or SSN: 115362796
Address: 111 North Main Ave, Albany NY, 12211	Employer identification number: 115362797
	Mark an ***X*** if self-employed ☒
E-mail: paid-preparer@pp.com	

▼ **Sign here** ▼	
Signature of general partner: John Smith	
Date: 04-03-2013	Daytime phone number: (518) 555-3434
E-mail: general-partner@gp.com	

204001120099

Mail your return to: **STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.**

Section 2 – Federal ordinary business income (loss)

Part 1 – Income from federal Form 1065

1a	Merchant card and third party payments (including amounts reported on Form 1099-K)	1a	14578		
1b	Gross receipts or sales not reported on line 1a	1b	100000		
1c	Total *(add lines 1a and 1b)*	1c	114578		
2	Returns and allowances plus any other adjustments to line 1a	2			
3	Subtract line 2 from line 1c			3	114578
4	Cost of goods sold			4	20133
5	Gross profit *(subtract line 4 from line 3)*			5	94445
6	Ordinary income (loss) from other partnerships, estates, and trusts *(submit statement)*			6	
7	Net farm profit (loss) *(submit federal Form 1040, Schedule F)*			7	1200
8	Net gain (loss) from federal Form 4797, Part II, line 17 *(submit federal Form 4797)*			8	800
9	Other income (loss) *(submit statement)*			9	176
10	Total income (loss) *(combine lines 5 through 9)*			10	96621

Part 2 – Deductions from federal Form 1065

11	Salaries and wages (other than to partners) (less employment credits)			11	2885
12	Guaranteed payments to partners			12	11000
13	Repairs and maintenance			13	1523
14	Bad debts			14	500
15	Rent			15	555
16	Taxes and licenses			16	1038
17	Interest			17	700
18	Depreciation *(if required, submit federal Form 4562)*	18	1046		
19	Depreciation reported on federal Form 1125-A and elsewhere on return	19			
20	Subtract line 19 from line 18			20	1046
21	Depletion *(do not deduct oil and gas depletion)*			21	100
22	Retirement plans, etc			22	
23	Employee benefit programs			23	300
24	Other deductions *(submit statement)*			24	5168
25	Total deductions *(add lines 11 through 17 **and** lines 20 through 24)*			25	24815
26	Ordinary business income (loss) *(subtract line 25 from line 10)*			26	71806

Section 3 – Cost of goods sold *(from federal Form 1125-A; see instructions)*

27	Inventory at beginning of year	27	11500
28	Purchases	28	3000
29	Cost of labor	29	1000
30	Additional IRC section 263A costs *(submit statement)*	30	4119
31	Other costs *(submit statement)*	31	625
32	Total *(add lines 27 through 31)*	32	20244
33	Inventory at end of year	33	111
34	Cost of goods sold *(subtract line 33 from line 32)*	34	20133

35 Methods used for valuing closing inventory *(mark an **X** in applicable boxes)*

☐ Cost ☒ Lower of cost or market

☐ Other *(specify method used and explain)* _____

36 Was there a writedown of *subnormal* goods? Yes ☐ No ☒

37a Was LIFO inventory method adopted this tax year for any goods? *(If Yes, submit federal Form 970.)* Yes ☐ No ☒

37b If the LIFO inventory method was used for this tax year, enter the amount of closing inventory computed under LIFO | 37b | 111

38 Do the rules of IRC section 263A (for property produced or acquired for resale) apply to the partnership? Yes ☐ No ☒

39 Was there any change in determining quantities, cost, or valuations between opening and closing inventory? Yes ☐ No ☒

If *Yes*, explain _____

204002120099

Section 4 – Balance sheets per books *(from federal Form 1065, Schedule L)*

Assets		Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
40 Cash	**40**		228395		244987
41 Trade notes and accounts receivable	**41**	1111		2000	
42 Less allowances for bad debts	**42**		1111		2000
43 Inventories	**43**		11500		111
44 U.S. government obligations	**44**				80150
45 Tax-exempt securities	**45**				6400
46 Other current assets *(submit statement)*	**46**		1350		1350
47a Loans to partners (or persons related to partners)	**47a**		5800		800
47b Mortgage and real estate loans	**47b**				
48 Other investments *(submit statement)*	**48**		3000		2000
49 Buildings and other depreciable assets	**49**	21930		25000	
50 Less accumulated depreciation	**50**	5000	16930		25000
51 Depletable assets	**51**				
52 Less accumulated depletion	**52**				
53 Land (net any amortization)	**53**		4000		3000
54 Intangible assets (amortizable only)	**54**	8000		7000	
55 Less accumulated amortization	**55**	2000	6000	1000	6000
56 Other assets *(submit statement)*	**56**		10325		67129
57 Total assets	**57**		288411		438927

Liabilities and capital		Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
58 Accounts payable	**58**		54650		104150
59 Mortgages, notes, bonds payable in less than one year	**59**		2500		2600
60 Other current liabilities *(submit statement)*	**60**		226000		43000
61 All nonrecourse loans	**61**		600		17100
62a Loans from partners (or persons related to partners)	**62a**		1500		5000
62b Mortgages, notes, bonds payable in one year or more	**62b**				
63 Other liabilities *(submit statement)*	**63**		1811		1311
64 Partners' capital accounts	**64**		1350		265766
65 Total liabilities and capital	**65**		288411		438927

204003120099

Section 5 – Reconciliation of income (loss) per books with income (loss) per return *(From federal Form 1065, Schedule M-1; see instructions. If Schedule M-3 was filed, mark an **X** in the box ☐; file Schedule M-3 and any related documents with Form IT-204; skip Section 5 and continue with Section 6.)*

66	Net income (loss) per books	**66**	136857
67	Income included on return not recorded on books this year, from Schedule M-1, line 2	**67**	174
	Identify: Description Line 67 It204 Associated with New York		
68	Guaranteed payments (other than health insurance)	**68**	11000
69	Expenses recorded on books this year not included on return, from Schedule M-1, line 4	**69**	625
	Identify: Description line 69 IT-204		
70	Add lines 66 through 69	**70**	148656
71	Income recorded on books this year not included on return, from Schedule M-1, line 6	**71**	
	Identify:		
72	Deductions included on return not charged against book income this year, from Schedule M-1, line 7	**72**	
	Identify:		
73	Add lines 71 and 72	**73**	
74	Income (loss) *(subtract line 73 from line 70)*	**74**	148656

Section 6 – Analysis of partners' capital accounts *(from federal Form 1065, Schedule M-2)*

75	Balance at beginning of year	**75**	1350
76	Capital contributed – cash	**76**	6000
77	Capital contributed – property	**77**	2500
78	Net income (loss) per books	**78**	136857
79	Other increases	**79**	129909
	Identify: Description line 79 it-204		
80	Add lines 75 through 79	**80**	276616
81	Distributions – cash	**81**	7350
82	Distributions – property	**82**	3500
83	Other decreases	**83**	
	Identify:		
84	Add lines 81, 82, and 83	**84**	10850
85	Balance at end of year *(subtract line 84 from line 80)*	**85**	265766

204004120099

Section 7 – Partners' share of income, deductions, etc. *(from federal Form 1065, Schedule K)*

Partners' distributive share items

86	Ordinary business income (loss)	**86**	71806
87	Net rental real estate income (loss) *(submit federal Form 8825)*	**87**	900
88a	Other gross rental income (loss)	**88a**	
88b	Expenses from other rental activities	**88b**	
89	Other net rental income (loss) *(subtract line 88b from line 88a)*	**89**	
90	Guaranteed payments	**90**	11000
91	Interest income	**91**	11450
92	Ordinary dividends	**92**	
93	Royalties	**93**	12000
94	Net short-term capital gain (loss) *(submit federal Schedule D)*	**94**	
95	Net long-term capital gain (loss) *(submit federal Schedule D)*	**95**	
96	Net section 1231 gain (loss) *(submit federal Form 4797)*	**96**	40000
97	Other income (loss) *(see instructions)*	**97**	5000

Identify: Description line 97 IT-204

98	Section 179 deduction *(submit federal Form 4562)*	**98**	
99	Other deductions *(see instructions)*	**99**	3500

Identify: Description line 99 IT-204

100	Tax preference items for minimum tax *(see instructions)*	**100**	690

Identify: Description line 100 IT-204

101	Net earnings (loss) from self-employment	**101**	32802
102	Tax-exempt income and nondeductible expenses *(see instructions)*	**102**	625
103	Distributions – cash and marketable securities	**103**	7350
104	Distributions – other property	**104**	3500
105	Other items not included above that are required to be reported separately to partners *(see instr.)*	**105**	26950

Identify: Description line 106 IT-204

Analysis of net income (loss)

106	Enter amount from federal Form 1065, Analysis of Net Income (Loss), line 1	**106**	148656

Analysis by type of partner

	A Corporate	**B** Individual (active)	**C** Individual (passive)	**D** Partnership	**E** Exempt organization	**F** Nominee/other
General partners						
Limited partners	89194					

204005120099

Section 8 – New York modifications *(see instructions)*

107 New York State additions

	Number	A – Total amount	B – New York State allocated amount
107a	**E A –** 16	1046	655
107b	**E A –** 2	2000	1252
107c	**E A –**		
107d	**E A –**		
107e	**E A –**		
107f	**E A –**		

108 Total addition modifications *(total of column A, lines 107a through 107f)* **108** 3046

109 New York State subtractions

	Number	A – Total amount	B – New York State allocated amount
109a	**E S –** 1	1000	1000
109b	**E S –** 21	299	299
109c	**E S –**		
109d	**E S –**		
109e	**E S –**		
109f	**E S –**		

110 Total subtraction modifications *(total of column A, lines 109a through 109f)* **110** 1299

111 Additions to federal itemized deductions

	Letter	Amount
111a		
111b		
111c		
111d		
111e		
111f		

112 Total additions to federal itemized deductions *(add lines 111a through 111f)* **112**

113 Subtractions from federal itemized deductions

	Letter	Amount
113a		
113b		
113c		
113d		
113e		
113f		

114 Total subtractions from federal itemized deductions *(add lines 113a through 113f)* **114**

115 New York adjustments to tax preference items **115**

204006120099

Section 9 – Other information

116a New York source gross income *(see instructions)* **116a** 186704

116b MCTD allocation percentage *(see instructions)* **116b** 35%

117 Is this partnership a partner in another partnership or LLC? *(If Yes, list the names and EINs below ; submit additional sheets if necessary.)* ..... Yes ☐ No ☒

Name of entity	EIN

Section 10 – New York allocation schedule

Part 1 – List all places, both in and out of NYS, where the partnership carries on business *(submit additional sheets if necessary)*

Street address	City and state	Description *(see instructions)*
1111 Main Ave	Waltham MA	Branch Office
7777 South Quail Ave	Boston MA	Storage

118 Do books and records reflect income earned in New York? *(If Yes, do not complete Part 2 .)* ..... Yes ☐ No ☒

Part 2 – Formula basis allocation of income if books and records do not reflect income earned in New York

Items used as factors		**A** – Totals – in and out of NYS		**B** – New York State amounts		**C** – Percent col. B is of col. A
Property percentage *(see inst.)*		**Dollars**		**Dollars**		
119 Real property owned	**119**	10000	**119**	5000		
120 Real property rented from others	**120**	560000	**120**	400000		
121 Tangible personal property owned	**121**	5000	**121**	4000		
122 **Property percentage** *(add lines 119, 120, and 121; see instr.)*	**122**	575000	**122**	409000	**122**	71.1304 %
123 **Payroll percentage** *(see instr.)*	**123**	50000	**123**	25000	**123**	50.0000 %
124 **Gross income percentage** *(see instr.)*	**124**	75000	**124**	50000	**124**	66.6667 %
125 Total of percentages *(total column C, lines 122, 123, and 124)*					**125**	187.7971 %
126 **Business allocation percentage** *(divide line 125 by three or by actual number of percentages if less than three)*					**126**	62.5990 %

Section 11 – Partners' credit information *(see instructions)*

Part 1 – Flow-through credit bases and factors

Brownfield redevelopment tax credit *(Form IT-611 and/or IT-611.1)*

127 Site preparation credit component **127**

128 Tangible property credit component **128**

129 On-site groundwater remediation credit component **129**

204007120099

Section 11 *(continued)*

EZ capital tax credit *(Form IT-602)*

130	Contributions of money to EZ community development projects	**130**	25000
131	Recapture of credit for investments in certified EZ businesses	**131**	
132	Recapture of credit for contributions of money to EZ community development projects	**132**	

QEZE tax reduction credit *(Form IT-604)*

133	QEZE employment increase factor	**133**	1.0000
134	QEZE zone allocation factor	**134**	.4779
135	QEZE benefit period factor	**135**	1.0

Excelsior jobs program tax credit *(Form IT-607)*

136	Excelsior jobs tax credit component	**136**	
137	Excelsior investment tax credit component	**137**	
138	Excelsior research and development tax credit component	**138**	
139	Excelsior real property tax credit component	**139**	

Farmers' school tax credit *(Form IT-217)*

140	Acres of qualified agricultural property	**140**	500
141	Acres of qualified conservation property	**141**	
142	Eligible school district property taxes paid	**142**	7500
143	Acres of qualified agricultural property converted to nonqualified use	**143**	

Other flow-through credit bases and factors

Credit bases

	Code	Amount		Code	Amount
144a			**144d**		
144b			**144e**		
144c			**144f**		

Credit factors

	Code	Factor		Code	Factor		Code	Factor
144g			**144i**			**144k**		
144h			**144j**			**144l**		

Part 2 – Flow-through credits, addbacks and recaptures

145	Long-term care insurance credit *(Form IT-249)*	**145**	
146a	Investment credit *(including employment incentive credit and historic barn rehabilitation credit; Form IT-212)*	**146a**	59548
146b	Research and development – investment credit *(Form IT-212)*	**146b**	

147 Other flow-through credits

	Code	Amount		Code	Amount
147a	161	161000	**147e**	163	46500
147b	256	7500	**147f**	634	1000
147c	302	45000	**147g**	635	1000
147d	166	90000	**147h**	636	92500

148 Addbacks of credits and recaptures

	Code	Amount		Code	Amount
148a	212	14	**148d**		
148b			**148e**		
148c			**148f**		

204008120099

New York State Department of Taxation and Finance

2012

New York Corporate Partners' Schedule K

Tax Law — Article 9-A

IT-204.1

Partnership's name (as shown on Form IT-204)	Partnership's EIN
Test V-1204	115365910

Entire net income (ENI) and minimum taxable income (MTI) information *(see instructions)*

ENI and MTI additions

1	Tax-exempt interest	1	625
2	Federal depreciation	2	
3	Other state and local taxes	3	
4	Taxes paid to the U.S., possessions of the U.S., or foreign countries	4	
5	Taxes related to the farmers' school tax credit	5	7500
6	Special additional mortgage recording tax credit	6	
7	Other additions	7	

Identify:

ENI and MTI subtractions

8	Dividends received	8	
9	Foreign dividends gross-up	9	
10	Allowable New York depreciation	10	299
11	Other subtractions	11	

Identify:

Assets and liabilities *(see instructions)*

		A Average value New York State	B Average value everywhere
12	Total assets	12	12 363669
13	Real property and marketable securities included on line 12, column B		13
14	Real property and marketable securities at fair market value (FMV)		14
15	Total liabilities		15 230111

Stocks, bonds, and other securities *(submit list; see instructions)*

16	Total average value of stocks, bonds, and other securities	16	
17	Total liabilities directly attributable to stocks, bonds, and other securities	17	
18	Total average value of cash on hand and on deposit	18	
19	Total liabilities directly attributable to cash on hand and on deposit	19	

Income from stocks, bonds, and other securities *(submit list; see instructions)*

20	Interest income from corporate and governmental debt instruments	20	
21	Interest income from bank accounts	21	
22	All other interest income from stocks, bonds, and other securities	22	
23	Dividend income from stocks, bonds, and other securities	23	
24	Net capital gain or loss from stocks, bonds, and other securities	24	
25	Income from stocks, bonds, and other securities other than interest, dividends, capital gains, or capital losses	25	

116001120099

Income from stocks, bonds, and other securities *(continued)*

26	Interest deductions directly attributable to stocks, bonds, and other securities	**26**	
27	Noninterest deductions directly attributable to stocks, bonds, and other securities	**27**	
28	Total interest deductions	**28**	700
29	Total noninterest deductions	**29**	24115

Business allocation percentage information and Metropolitan Commuter Transportation District (MCTD) allocation percentage information *(see instructions)*

30a During the reporting year, did the partnership do business, employ capital, own or lease property, or maintain an office in New York State? *(Mark an **X** in the appropriate box.)* Yes ☒ No ☐

30b During the reporting year, did the partnership do business, employ capital, own or lease property, or maintain an office in the MCTD? *(Mark an **X** in the appropriate box.)* Yes ☒ No ☐

Average value of property		A MCTD	B New York State	C Everywhere
31 Adjusted basis of real estate owned	**31**		5000	10000
32 FMV of real estate owned	**32**		10000	20000
33 Real estate rented	**33**	345000	400000	560000
34 Adjusted basis of inventories owned	**34**		4000	5000
35 FMV of inventories owned	**35**		8000	10000
36 Adjusted basis of tangible personal property owned	**36**			
37 FMV of tangible personal property owned	**37**			
38 Tangible personal property rented	**38**			

Receipts in the regular course of business from:		A MCTD	B New York State	C Everywhere
39 Sales of tangible personal property	**39**		50000	75000
40 Services performed	**40**			
41 Rentals of property	**41**			
42 Royalties	**42**	250	250	250
43 Other business receipts	**43**	26000	26000	26000

Payroll		A MCTD	B New York State	C Everywhere
44 Wages and other compensation of employees, except employees having partnership-wide authority	**44**	5000	25000	50000
45 Number of employees	**45**			

Receipts and qualified manufacturing property *(see instructions)*

46	New York receipts	**46**	127478
47	Total receipts from the sale of goods by manufacturing	**47**	7833
48	Total receipts from the lending of funds	**48**	8000
49	Adjusted basis of qualified manufacturing property	**49**	

116002120099

New York State Department of Taxation and Finance

Tax Shelter Reportable Transactions

Attachment to New York State Return

Tax Law - Article 1, Section 25(a)(1)

DTF-686

All filers must enter tax period:
beginning 01-01-2012 ending 12-31-2012

Name(s) as shown on your return	Taxpayer identification number shown on page 1 of your tax return
Test V-1204	115365910
Spouse's name *(for personal income tax, if applicable)*	Spouse's identification number *(if applicable)*

Mailing address		
Template Avenue		
City, village, town, or post office	State	ZIP code
Albany	NY	12211
Taxpayer's e-mail address		
STRW3274@somethingsomething.com		

File this form with your business tax return, your amended business tax return, your personal income tax return, or your amended personal income tax return.

1 Identify the type of federal reportable transactions. Mark an ***X*** in the box(es) that apply *(see instructions, Form DTF-686-I)*.

A. ● ☐ Listed transaction

B. ● ☐ Confidential transaction

C. ● ☐ Transaction with contractual protection

D. ● ☒ Loss transaction

E. ● ☐ Transaction with brief assets holding period

F. ● ☐ Transaction of interest

2 Enter the total number of IRS Form(s) 8886 that are attached to this form ..... ● **2** 1

3 Enter in the box(es) below the applicable code(s) for each federal listed transaction being reported *(see instructions).*

● 03 ● ● ● ● ● ● ● ● ●

4 Identify the type of New York reportable transactions. Mark an ***X*** in the box(es) that apply *(see instructions)*.

A. ● ☒ New York listed transaction

B. ● ☐ New York confidential transaction

C. ● ☐ New York transaction with contractual protection

5 Enter the total number of New York Form(s) DTF-686-ATT that are attached to this form ..... ● **5** 1

Waiver of the secrecy provisions of the Tax Law for purposes of a consolidated disclosure

(see instructions)

As an authorized officer of the above named corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law, Article 9, section 202; Article 9-A, section 211.8; Article 32, section 1467; and Article 33, section 1518 as such provisions relate to the disclosure requirements of Tax Law section 25.

Authorized officer	Printed name of authorized officer	Signature of authorized officer	Official title	
	William Jennings	William Jennings	Vice President	
	E-mail address of authorized officer		Telephone number	Date
	billjennings@aol.com		(555) 527-3477	03-03-2013

686001120099

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

Need help?

Internet access: *www.tax.ny.gov*
(for information, forms, and publications)

Telephone assistance is available from 8:30 A.M. to 4:30 P.M. (eastern time), Monday through Friday.

Corporation Tax Information Center:	(518) 485-6027
Personal Income Tax Information Center:	(518) 457-5181
To order forms and publications:	(518) 457-5431
Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY):	(518) 485-5082

Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

68602110099

Please file this original scannable attachment with the Tax Department.

6862110099

New York State Department of Taxation and Finance

Investment Credit

IT-212

2012

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

Name(s) as shown on return	Type of business	Identifying number as shown on return
Test V-1204	Timber Sales	115365910

Date you started your business in New York State	Location of the qualified property *(if more than one, submit a schedule)*
03-07-2007	

Part 1 – Computation of credit *(see Form IT-212-I,* Instructions for Form IT-212*)*

Individual or fiduciary	1	Credit from line 25, column F	1	.00
	2	Credit from line 25, column G	2	.00
Beneficiary	3	Share of investment tax credit from the estate or trust	3	.00
	4	Share of research and development credit from the estate or trust	4	.00
Partner		Partnership name:		
		Employer identification number 115365910		
	5	Partner's share of credit shown on Form IT-204-IP, line 49	5	.00
	6	Partner's share of credit shown on Form IT-204-IP, line 50	6	.00
S corporation shareholder		S corporation name:		
		Employer identification number		
	7	Shareholder's share of investment credit from the S corporation *(see instructions)*	7	.00
	8	Shareholder's share of research and development credit from the S corporation *(see instr.)*	8	.00
	9	Total *(add lines 1 through 8)*	9	.00

10	Fiduciaries: Enter credit allocated to beneficiaries	10	.00
11	Subtract line 10 from line 9	11	.00
12	Available carryover credit from last year's Form IT-212	12	.00
13	Investment credit *(add lines 11 and 12)*	13	.00
14	Total addback of credit from line 21 *(fiduciaries: see instructions)*	14	.00
15a	Total investment credit *(see instructions)*	15a	.00
15b	Net investment credit recapture *(see instructions)*	15b	.00

Part 2 – Summary of addback of credit on early dispositions *(see instructions)*

16	Individual's and partnership's addback of credit on early dispositions *(from line 31)*	16	14 .00
17	Beneficiary's share of addback of credit on early dispositions	17	.00
18	Partner's share of addback of credit on early dispositions	18	.00
19	S corporation shareholder's share of addback of credit on early dispositions	19	.00
20	Estate's or trust's addback of credits on early dispositions *(from line 31)*	20	.00
21	**Total** *(add lines 16 through 20)*	21	14 .00

212001120099

Part 3 – Investments in qualified property *(see instructions)*

A – Description of property *(list each asset and submit a schedule if needed)*	B – Principal use of property	C – Date acquired	D – Useful life in years	E – Investment credit base	F – Investment credit for manufacturing and production, retail enterprise, waste treatment, and pollution control property *(column E × 4% (.04))*	G – Investment credit for research and development property *(column E × 7% (.07))*
22 Piece of Land	Farming	04-04-08	5	1488688.00	59548.00	104208.00
				.00	.00	.00
				.00	.00	.00
				.00	.00	.00

23	Enter amount from Form IT-212-ATT, line 11	23	.00
24	Enter amount from Form IT-212-ATT, line 19, column C	24	.00
25	Total investment credit *(add amounts in columns F and G)*	25	59548.00 / 104208.00

Individuals: Enter the line 25, column F amount on line 1. Enter the line 25, column G amount on line 2.
Fiduciaries: Enter the line 25, column F amount on line 1 and on the *Total* line of Part 5, column C.
Enter the line 25, column G amount on line 2 and on the *Total* line of Part 5, column D.
Partnerships: See instructions.

Part 4 – Early dispositions of qualified property and addback of credit on early dispositions *(see instructions)*

A – Description of property *(list each asset and submit a schedule if needed)*	B – Date acquired	C – Date property ceased to qualify	D – Life *(months)*	E – Unused life *(months)*	F – Percentage *(E ÷ D)*	G – Total investment credit allowed *(see instructions)*	H – Addback of credit on early dispositions *(F × G)*
26 Asset 1	11-30-07	09-30-11	60	14	23.3000	22.00	5.00
Asset 2	11-30-07	11-30-11	60	12	20.0000	5.00	1.00
Asset 3	12-30-07	09-30-11	60	13	21.7000	32.00	7.00
						.00	.00

27	Enter amount from Form IT-212-ATT, line 12	27	.00
28	Total *(add lines 26 and 27, column H, and enter total here)*	28	13.00
29	Interest rate	29	0.09
30	Multiply line 28 by line 29	30	1.00
31	Total addback of credit on early dispositions *(add amounts on lines 28 and 30)*	31	14.00

Fiduciaries: Enter the line 31 amount on line 20.
All others: Enter the line 31 amount on line 16.

Part 5 – Beneficiary's and fiduciary's share of investment credit and addback of credit on early dispositions

A – Beneficiary's name *(same as in Form IT-205, Schedule C)*	B – Identifying number	C – Share of investment credit for manufacturing and production, retail enterprise, waste treatment, and pollution control property	D – Share of investment credit for research and development property	E – Share of addback of credit on early dispositions
Total		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
		.00	.00	.00
Fiduciary		.00	.00	.00

Part 6 – Application of credit and computation of refund and carryover *(see instructions)*

32a	Total credit *(from line 15a)*	32a	.00
32b	Tax due before credits	32b	.00
33	Credits that you applied before this credit	33	.00
34	Net tax *(subtract line 33 from line 32b)*	34	.00
35	Amount of credit used for the current tax year	35	.00
36	Amount of credit available for refund or carryover to next year *(subtract line 35 from line 32a)*	36	.00
37	Amount of credit to be refunded	37	.00
38	Amount of credit available for carryover to next year *(subtract line 37 from line 36)*	38	.00
39	Amount, if any, included on line 38 that expires this tax year	39	.00
40	Amount of credit to be carried over to next year *(subtract line 39 from line 38)*	40	.00

New York State Department of Taxation and Finance

Claim for Conservation Easement Tax Credit

Tax Law – Article 22, Section 606(kk)

IT-242

2012

Fiscal-year filers enter tax period:
beginning _____ and ending _____

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

Name(s) as shown on return	Identifying number as shown on return
Test V-1204	115365910

Part 1 – Individual (including sole proprietor), partnership, and estate or trust *(submit additional sheets if necessary; see instructions)*

Conservation easement	A Allowable real property taxes *(see instructions)*	B Multiply column A by 25% (.25)	C Other real property tax credits *(see instructions)*	D Subtract column C from A	E Enter the lesser of column B or D
1	180000.00	45000.00	50000.00	130000.00	45000.00
2	.00	.00	.00	.00	.00
3	.00	.00	.00	.00	.00
4	.00	.00	.00	.00	.00

1 Total of column E amounts from additional sheet(s), if any	**1**	.00
2 Total of all column E amounts *(include any amount on line 1)*	**2**	45000.00

Fiduciary: Include the line 2 amount on the *Total* line of Part 4, column C.
All others: Enter the line 2 amount on line 6.

Part 2 – Partnership, estate, and trust information *(see instructions)*

If you received a share of the conservation easement tax credit from a partnership, estate, or trust, complete the following information for each partnership, estate, or trust. For *Type*, enter ***P*** for partnership or ***ET*** for estate or trust.

Name of entity	Type	Employer identification number

Part 3 – Partner's or beneficiary's share of credit *(see instructions)*

Partner	**3**	Enter your share of the credit from your partnership	**3**	.00
Beneficiary	**4**	Enter your share of the credit from the estate or trust	**4**	.00
	5	**Total** *(add lines 3 and 4)*	**5**	.00

Fiduciary that is also a partner or beneficiary of another entity: Include the line 5 amount on the *Total* line of Part 4, column C.
All others: Enter the line 5 amount on line 7.

302001120099

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

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of conservation easement credit
Total *(fiduciaries, enter the amount from line 2, **plus** the amount from line 5)*		.00
		.00
		.00
Fiduciary		.00

Part 5 – Computation of conservation easement tax credit

Individual (including sole proprietor) and partnership	**6**	Enter the amount from line 2	**6**	45000 .00
Partner and beneficiary	**7**	Enter the amount from line 5	**7**	.00
Fiduciary	**8**	Enter the amount from Part 4, *Fiduciary* line, column C	**8**	.00
	9	Credit before limitation *(see instructions)*	**9**	45000 .00
	10	**Enter the lesser of line 9 or $5,000** *(see instructions; partnerships: enter the line 9 amount)*. This is your conservation easement tax credit.	**10**	45000 .00

Part 6 – Conservation easement identifying information *(submit additional sheets if necessary; see instructions)*

Conservation easement	Conservation easement information		
1	Address		Name of conservation agency
	Recording information	Date of conveyance *(mm-dd-yyyy)*	DEC identification number **CE**
2	Address		Name of conservation agency
	Recording information	Date of conveyance *(mm-dd-yyyy)*	DEC identification number **CE**
3	Address		Name of conservation agency
	Recording information	Date of conveyance *(mm-dd-yyyy)*	DEC identification number **CE**
4	Address		Name of conservation agency
	Recording information	Date of conveyance *(mm-dd-yyyy)*	DEC identification number **CE**

302002120099

New York State Department of Taxation and Finance

Claim for Special Additional Mortgage Recording Tax Credit

Tax Law – Article 22, Section 606(f)

IT-256

2012

Fiscal year filers enter tax period: beginning _____ ending _____

Name(s) as shown on your return	Taxpayer identification number
Test V-1204	115365910

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

Part 1 – Individuals, including sole proprietors, partnerships, and fiduciaries *(see instructions, Form IT-256-I)*

A Enter the total number of properties included on this claim *(see instructions)* ..... **A** 1

Use a separate line for each property. If you need more lines, submit additional Form(s) IT-256, and enter the total from all additional forms on line 1 *(see instructions)*.

A Location of property	B Date mortgage recorded	C Amount of mortgage	D Amount of special additional mortgage recording tax paid
Albany, NY	02-13-2010	3000000 .00	7500 .00
		.00	.00
		.00	.00
		.00	.00
		.00	.00

1 Total of the column D amounts from additional Form(s) IT-256 and/or spreadsheets, if any ..... **1** .00

2 Total special additional mortgage recording tax paid during current tax year that qualifies for the credit *(add column D amounts; include the amount from line 1)* ..... **2** 7500 .00

Fiduciaries: Include the line 2 amount in the *Total* line of Part 4, column C, on the back.
All others: Enter the line 2 amount on line 6.

Part 2 – Partnership and estate or trust information *(see instructions)*

If you were a partner in a partnership or a beneficiary of an estate or trust and received a share of the special additional mortgage recording tax credit from that entity, complete the following information for each partnership or estate or trust. For *Type*, enter ***P*** for partnership or ***ET*** for estate or trust.

Name	Type	Employer identification number

256001120099

Part 3 – Partner's or beneficiary's share of credit

Partner	3	Enter your share of the credit from your partnership *(see instructions)*	3	.00
Beneficiary	4	Enter your share of the credit from the estate or trust	4	.00
	5	**Total** *(add lines 3 and 4)*	5	.00

Fiduciaries (that are also partners or beneficiaries of other entities): Include the line 5 amount in the *Total* line of Part 4, column C.
All others: Enter the line 5 amount on Part 5, line 7.

Part 4 – Beneficiary's and fiduciary's share of credit

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of special additional mortgage recording tax
Total *(fiduciaries, enter the amount from Part 1, line 2, **plus** the amount from Part 3, line 5)*		.00
		.00
		.00
Fiduciary		.00

Part 5 – Computation of special additional mortgage recording tax credit available for the current tax year

Individuals (including sole proprietors) and partnerships	6	Enter the amount from Part 1, line 2	6	7500 .00
Partners and beneficiaries	7	Enter the amount from Part 3, line 5	7	.00
Fiduciaries	8	Enter the amount from Part 4, *Fiduciary* line, column C	8	.00
	9	Credit for the current tax year *(add lines 6, 7, and 8; partnerships see instructions)*	9	7500 .00
	10	Enter any unused special additional mortgage recording tax credit from preceding period(s) *(see instructions)*	10	.00
	11	Total credit available for the current tax year *(add lines 9 and 10)*	11	.00

Part 6 – Computation of credit used and carried forward or refunded

12	Tax due before credits *(see instructions)*	12	.00
13	Credits applied against the tax before this credit *(see instructions)*	13	.00
14	Net tax *(subtract line 13 from line 12)*	14	.00
15	Credit used for the current tax year *(enter the amount from line 11 or line 14, whichever is less; see instructions)*	15	.00
16	Unused credit *(subtract line 15 from line 11)*	16	.00
17	Amount available for refund *(enter the amount from line 9 or line 16, whichever is less)*	17	.00
18	Amount of credit from line 17 you want refunded *(see instructions)*	18	.00
19	Amount of credit you want to carry forward *(subtract line 18 from line 16)*	19	.00

256002120099

New York State Department of Taxation and Finance

New York State Depreciation Schedule for IRC Section 168(k) Property

IT-398

2012

Use this form only for tax years beginning after December 31, 2002, and only for property placed in service inside or outside New York State after May 31, 2003.

Name(s) as shown on return	Identifying number as shown on return
Test V-1204	115365910

Mark an *X* in one box to show the income tax return you are filing **and submit this form with that return.**

IT-201, Resident ☐ IT-203, Nonresident and part-year resident ☐ IT-204, Partnership ☒ IT-205, Fiduciary ☐

Part 1 – Depreciation information for Internal Revenue Code (IRC) section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) placed in service inside or outside New York State, beginning after May 31, 2003 *(see instructions)*

A Description of property *(use additional sheet if needed)*	B Date placed in service	C Depreciable basis	D Convention	E Method	F New York depreciation deduction	G Federal depreciation deduction
Fixtures	01-01-2010	1793	HY	S/L	299.00	1046.00
					.00	.00
					.00	.00
					.00	.00
1 Enter column F and column G totals					**1** 299.00	1046.00

If you are filing Form:	transfer the column F total to:	transfer the column G total to:
IT-201	line 31	line 23
IT-203	line 29	line 22
IT-204	line 109	line 107
IT-205	line 68	line 65

Part 2 – Year-of-disposition adjustment for IRC section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) placed in service inside or outside New York State, beginning after May 31, 2003 *(see instructions)*

A Description of property *(use additional sheet if needed)*	B Date of disposition	C Method of disposition	D Total New York depreciation deduction	E Total federal depreciation deduction
			.00	.00
			.00	.00
			.00	.00
			.00	.00
2 Enter column D and column E totals			**2** .00	.00
3 Enter amount from line 2, column D or column E, whichever is larger			**3**	.00
4 Enter amount from line 2, column D or column E, whichever is smaller			**4**	.00
5 Subtract line 4 from line 3			**5**	.00

If you are filing Form:	and column D is larger than column E, transfer line 5 amount to:	and column E is larger than column D, transfer line 5 amount to:
IT-201	line 23	line 31
IT-203	line 22	line 29
IT-204	line 107	line 109
IT-205	line 65	line 68

398001120099

Instructions

General instructions

For tax years beginning after December 31, 2002, New York State (NYS) does not allow the federal 30%/50% special depreciation deduction for Internal Revenue Code (IRC) section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)), placed in service inside or outside NYS after May 31, 2003. Instead, you are allowed a NYS depreciation deduction determined under IRC section 167, as that section would have applied to the property if it had been acquired on September 10, 2001. You may take the deduction for NYS depreciation until the property is disposed of or fully depreciated.

If you claimed ACRS depreciation on your federal return for property placed in service beginning after May 31, 2003 (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)), complete Part 1.

Use this form to compute your NYS adjustments for NYS depreciation and federal depreciation deductions.

As described in IRC section 168(k)(2), *resurgence zone property* is defined as qualified property if **all** of the following apply:

- substantially all use of the property is in the resurgence zone; **and**
- the use is in the active conduct of a trade or business by the taxpayer in the resurgence zone; **and**
- the original use by the taxpayer commences after December 31, 2002.

The *resurgence zone* is defined as the area of New York County bounded on the south by a line running from the intersection of the Hudson River with the Holland Tunnel, running east to Canal Street, then running along the centerline of Canal Street to the intersection of Bowery and Canal Street. It then runs in a southeasterly direction diagonally across the Manhattan Bridge Plaza to the Manhattan Bridge, along the centerline of the Manhattan Bridge to the point where the centerline would intersect with the east bank of the East River. It is bounded on the north by a line running from the intersection of the Hudson River with the Holland Tunnel, running north along West Avenue to the intersection of Clarkson Street. It then runs east along the centerline of Clarkson Street to the intersection of Washington Avenue, then running south along the centerline of Washington Avenue to the intersection of West Houston Street. It continues east along the centerline of West Houston Street, then at the intersection of Avenue of the Americas, continues east along the centerline of East Houston Street to the east bank of the East River.

If you have an interest in a passive activity, the modifications required under Tax Law sections 612(b)(8) and (c)(16) for federal depreciation and NYS depreciation must be made for the full amounts allowable as a federal depreciation deduction (100%), even though the activity may be subject to federal loss deduction limitations. It is only under IRC section 469 *(Passive Activity Losses and Credits Limited)* that there is a limitation on passive loss deductions.

In the case of a partnership using IRC section 168 to determine depreciation, the individual partners should make the adjustments to income on their personal income tax returns. The adjustments for partners are their distributive share of NYS depreciation and federal depreciation, determined by the partnership as of the end of the partnership year ending within the partner's tax year. Form IT-398 should be completed only by the partnership, and not by each individual partner. This treatment is the same for a beneficiary of an estate or trust that is on a fiscal-year basis.

If you are a shareholder of an electing New York State S corporation, the S corporation should provide your proportionate share of the S corporation's depreciation deduction.

If you are a nonresident or part-year resident, you must complete Form IT-398 as if you were a NYS resident for the entire year. Transfer the amounts from Part 1 and Part 2 to Form IT-203, *Nonresident and Part-Year Resident Income Tax Return*. For more information on the addition and subtraction modifications for federal and NYS depreciation, see Form IT-203-I, *Instructions for Form IT-203*.

If you are married and file a joint federal return but are required to file separate NYS returns, complete only one Form IT-398 showing the amounts from your joint federal return. Submit a schedule with each return showing each spouse's separate amounts, as if separate federal returns were filed, and explain any differences.

Specific instructions

See the instructions for your tax return for the *Privacy notification* or if you need help contacting the Tax Department.

Enter your name and identifying number (your social security number or employer identification number) in the spaces provided on the front of this form. Mark an ***X*** in the box that indicates which NYS income tax return you are filing and submit this form with that return.

Part 1 – Depreciation

Depreciation is the annual deduction allowed to recover the cost or other basis of business or investment property having a useful life substantially beyond the tax year. However, land is never depreciable. Depreciation starts when you first use the property in your business or for the production of income. It ends when you take the property out of service, deduct all your depreciable cost or other basis, or no longer use the property in your business or for the production of income. (See Part 2 for the deduction to be taken in the year you dispose of the property.)

Column C – Enter the depreciable basis of the assets you place in service in the same year. *Depreciable basis* is the cost or other basis reduced by the part of the basis you elected to amortize or expense under IRC section 179, and any federal investment credit subtracted when computing the federal unadjusted basis of the asset.

Column D – The applicable convention determines the portion of the tax year for which the depreciation is allowable during a year property is either disposed of or placed in service. Enter in column D the convention you used from federal Form 4562, column E.

Column E – Indicate the depreciation method selected for the computation of the NYS allowable depreciation deduction. Any consistent depreciation method that would have been allowed under IRC section 167, as that section would have applied to the property if it had been acquired on September 10, 2001, without regard to section 168(k), is acceptable.

Column F – Enter your NYS depreciation deduction in column F, based on the method you elected in column E.

Column G – Enter the depreciation deduction you took on your federal return.

Part 2 – Year-of-disposition adjustment

If you dispose of IRC section 168(k) property (except for resurgence zone property and New York liberty zone property described in IRC section 1400L(b)(2)) that you placed in service inside or outside NYS after May 31, 2003, you **must** adjust your NYS income by the difference between the total NYS depreciation deduction and the total federal depreciation deduction claimed on that property.

Column C – Enter the method used to dispose of the property. *Disposition* includes, but is not limited to, sale, exchange, transfer, and obsolescence.

Column D – Enter the total NYS depreciation deduction you claimed on the property you disposed of.

Column E – Enter the total federal depreciation deduction you claimed on your federal return for the disposition of your property.

New York State Department of Taxation and Finance

New York State Depreciation Schedule

IT-399

2012

Name(s) as shown on return	Identifying number as shown on return
Test V-1204	115365910

Mark an *X* in one box to show the income tax return you are filing **and submit this form with that return.**

IT-201, Resident ☐ IT-203, Nonresident and part-year resident ☐ IT-204, Partnership ☒ IT-205, Fiduciary ☐

Part 1 – Depreciation information for property (except for section 280F property) placed in service inside or outside New York State in tax years beginning after December 31, 1980, but before January 1, 1985, and if you elect to continue using IRC section 167 depreciation for property placed in service outside New York State in tax years beginning after December 31, 1984, but before January 1, 1994 *(see instructions)*

A Description of property *(submit schedule if needed)*	B Date placed in service	C Depreciable basis	D Depreciation method	E Life or rate	F New York depreciation	G Federal ACRS deduction
1982 Van	03-31-1984	18166	200DB	5	1000.00	2000.00
					.00	.00
					.00	.00
1 Enter column F and column G totals				1	1000.00	2000.00

If you are filing Form:	transfer the column F total to:	transfer the column G total to:
IT-201	line 31	line 23
IT-203	line 29	line 22
IT-204	line 109	line 107
IT-205	line 68	line 65

Part 2 – Year-of-disposition adjustment for property (except for section 280F property) placed in service inside or outside New York State in tax years beginning after December 31, 1980, but before January 1, 1985, and for property placed in service outside New York State in tax years beginning after December 31, 1984, but before January 1, 1994 *(see instructions)*

A Description of property *(submit schedule if needed)*	B Date of disposition	C Method of disposition	D Amount of New York depreciation	E Amount of ACRS deduction
			.00	.00
			.00	.00
			.00	.00
2 Enter column D and column E totals			2 .00	.00
3 Enter amount from line 2, column D or column E, whichever is larger			3	.00
4 Enter amount from line 2, column D or column E, whichever is smaller			4	.00
5 Subtract line 4 from line 3			5	.00

If you are filing Form:	and column D is larger than column E, transfer line 5 amount to:	and column E is larger than column D, transfer line 5 amount to:
IT-201	line 23	line 31
IT-203	line 22	line 29
IT-204	line 107	line 109
IT-205	line 65	line 68

Instructions

General instructions

Use this form to compute your New York adjustments for New York depreciation and federal accelerated cost recovery system (ACRS) depreciation for property placed in service inside or outside New York State in tax years beginning after December 31, 1980, but before January 1, 1985, and if you elect to continue using Internal Revenue Code (IRC) section 167 depreciation for property placed in service outside New York State in tax years beginning after December 31, 1984, but before January 1, 1994.

New York State does not allow the federal ACRS depreciation deduction for property (except for property classified as IRC section 280F property) placed in service inside or outside New York State during tax years 1981, 1982, 1983, 1984, and fiscal years beginning in 1984. You must compute your New York depreciation by using one of the methods provided for in IRC section 167 as it was in effect on December 31, 1980 (for example, straight line or declining balance). You may take the deduction for New York depreciation until the property is fully depreciated or disposed of.

399001120099

Instructions *(continued)*

For property (except for property classified as IRC section 280F property) placed in service outside New York State for tax years beginning after 1984, but before 1994, New York did not allow ACRS or MACRS depreciation under IRC section 168. Instead, New York allowed the depreciation deduction that would have been allowed under IRC section 167 as it was in effect on December 31, 1980.

However, as a result of a court decision (Reynolds), if you claimed ACRS depreciation on your federal return for property not classified as IRC section 280F property, and that property was placed in service outside New York State in tax years beginning after December 31, 1984, but before January 1, 1994 (including property on which ACRS depreciation was computed in accordance with the Federal Tax Reform Act of 1986), you may continue using the **pre-1981** IRC section 167 depreciation on that property, making the applicable depreciation addition and subtraction, or choose to switch to the IRC section 168 depreciation deduction.

A taxpayer choosing to switch to the IRC section 168 depreciation deduction is no longer required to make the New York depreciation addition and subtraction adjustments. If you switch to IRC section 168 depreciation, you must use IRC section 168 depreciation from this tax year forward, and must use it for all of your subject property. For more information about this property, see TSB-M-99(1)I, *New York Depreciation Deduction for Property Placed in Service Outside New York State in Tax Years 1985 – 1993.* This TSB-M is available on the Tax Department Web site at *www.tax.ny.gov*

If you claimed ACRS depreciation on your federal return for property placed in service during tax years 1981 through 1984 and fiscal tax years beginning in 1984 (for other than IRC section 280F property), or on property placed in service outside New York State during tax years 1985 through 1993 and fiscal tax years beginning in 1993 (for other than IRC section 280F property), and you elect to continue using IRC section 167 depreciation, complete Part 1.

If you have an interest in a passive activity, the modifications required under Tax Law sections 612(b)(25) and (c)(26) for ACRS depreciation and New York depreciation must be made for the full amounts allowable as a federal depreciation deduction (100%), even though the activity may be subject to federal loss deduction limitations. It is only under IRC section 469 *(Passive Activity Losses and Credits Limited)* that there is a limitation on passive loss deductions.

In the case of a partnership using ACRS to determine depreciation, the individual partners should make the adjustments to income on their personal income tax returns. The adjustments for partners are their distributive share of New York depreciation and federal ACRS depreciation, determined by the partnership as of the end of the partnership year ending within the partner's tax year. Form IT-399 should be completed only by the partnership, and not by each individual partner. This treatment is the same for a beneficiary of an estate or trust that is on a fiscal-year basis.

If you are a shareholder of an electing New York State S corporation, the S corporation should provide your proportionate share of the S corporation's depreciation deduction.

If you are a nonresident or part-year resident, you must complete Form IT-399 as if you were a New York State resident for the entire year. Transfer the amounts from Part 1 and Part 2 to Form IT-203, *Nonresident and Part-Year Resident Income Tax Return*. For more information on the addition and subtraction modifications for ACRS and New York State depreciation, see Form IT-203-I, *Instructions for Form IT-203.*

If you are married and file a joint federal return but are required to file separate New York returns, complete only one Form IT-399 showing the amounts from your joint federal return. Submit a schedule with each return showing each spouse's separate amounts, as if separate federal returns were filed, and explain any differences.

Do not use this form if you are depreciating IRC section 168(k) property. For more information, see Form IT-398, *New York State Depreciation Schedule for IRC Section 168(k) Property.*

Specific instructions

See the instructions for your tax return for the *Privacy notification* or if you need help contacting the Tax Department.

Enter your name and identifying number (your social security number or employer identification number) in the spaces provided on the front of this form. Mark the box that indicates which New York State income tax return you are filing and submit this form with that return.

Part 1 – Depreciation

Depreciation is the annual deduction allowed to recover the cost or other basis of business or investment property having a useful life substantially beyond the tax year. Land is never depreciable. Depreciation starts when you first use the property in your business or for the production of income. It ends when you take the property out of service, deduct all of your depreciable cost or other basis, or no longer use the property in your business or for the production of income. (See Part 2 for the deduction to be taken in the year you dispose of the property.)

Column C – Enter the depreciable basis of the assets you place in service in the same year. *Depreciable basis* is the cost or other basis reduced by the part of the basis you elected to amortize or expense under IRC section 179, and any federal investment credit subtracted when computing the federal unadjusted basis of the asset.

Column D – Enter the depreciation method you elect. You must use a method that is allowed under IRC section 167, as it was in effect on December 31, 1980.

Column E – Enter the useful life of the property. You **cannot** use the ACRS recovery period when computing your New York State depreciation. You must use the useful life or rate provided for in IRC section 167. In some cases the useful life under IRC section 167 may be the same as the recovery period.

Column F – Enter your New York depreciation deduction in column F, based on the method you elected in column D.

Column G – Enter the ACRS deduction you took on your federal return.

Part 2 – Year-of-disposition adjustment

If you dispose of property (except for IRC section 280F property) that you placed in service inside or outside New York State after December 31, 1980, but before January 1, 1985, or property placed in service outside New York State after December 31, 1984, but before January 1, 1994, you must adjust your New York State income by the difference between the total New York depreciation deduction and the total federal ACRS deduction claimed on that property. If you elected to switch to IRC section 168 depreciation for property placed in service outside New York State in tax years beginning after December 31, 1984, but before January 1, 1994, in the year of disposition, the adjustment should take into account only those years prior to switching to IRC section 168.

Column C – Enter the method used to dispose of the property. *Disposition* includes, but is not limited to, sale, exchange, transfer, and obsolescence.

Column D – Enter the total New York depreciation you claimed on the disposition of your property. If the property was placed in service during 1981, do not include the amount of ACRS depreciation claimed for the property on your 1981 New York State return.

Column E – Enter the total federal ACRS deduction you claimed on your federal return for the disposition of your property. If the property was placed in service during 1981, do not include the amount of ACRS depreciation claimed for the property on your 1981 federal return.

New York State Department of Taxation and Finance

Claim for EZ Wage Tax Credit

Tax Law – Section 606(k)

IT-601

2012 calendar-year filers, mark an *X* in the box: ☒

Other filers enter tax period:
beginning _____ and ending _____

File this claim with your Form IT-201, IT-203, IT-204, or IT-205.
Submit a copy of the *Certificate of Eligibility* and the *Empire Zone Retention Certificate*.

Name	Taxpayer identification number(s) shown on return
Test V-1204	115365910
Name of empire zone (EZ)	**Date of EZ designation *(see instructions)***
Test V-1204 EZ	10-01-2011

Mark an ***X*** in the appropriate box to indicate the tax year for which the empire zone (EZ) wage tax credit is being claimed on this return: **1st** ☒ **2nd** ☐ **3rd** ☐ **4th** ☐ **5th** ☐

Mark an ***X*** in the box if you are a Clean Energy Enterprise (CEE) *(see instructions)* ..... ☐

Eligibility requirements – You must meet **all three** eligibility requirements below by answering *Yes* to questions 1, 4, and 7 before computing the EZ wage tax credit for the current tax year in Schedule A on page 2 *(see instructions).*

1 Were EZ wages paid during the current tax year to full-time employees in a job created in an EZ? ..... **1** Yes ☒ No ☐

If you answered *Yes* to question 1, complete Part 1 below. If you answered *No*, you cannot compute a credit in Schedule A for the current year. If, however, you have an EZ wage tax credit carryforward from a preceding tax year, go to Schedule E, line 29.

Part 1 – Computation of average number of full-time employees in NYS for the current tax year and four-year test period

Current tax year	March 31	June 30	September 30	December 31	Total
Number of full-time employees in NYS	258	350	350	539	1497
2 Average number of full-time employees in New York State for current tax year **2**					374
Number of full-time employees in NYS during four-year test period	March 31	June 30	September 30	December 31	Total
First year					
Second year					
Third year					
Fourth year					
Total number of full-time employees in New York State for four-year test period					
3 Average number of full-time employees in New York State for four-year test period *(see instructions)* **3**					

4 Does the average number of full-time employees on line 2 exceed the average number of full-time employees on line 3? ..... **4** Yes ☒ No ☐

If you answered *No* to question 4, you cannot compute a credit in Schedule A for the current year. If, however, you have an EZ wage tax credit carryforward from a preceding tax year, go to Schedule E, line 29. If you answered *Yes* to question 4, continue with Part 2. CEEs, see instructions.

Part 2 – Computation of average number of full-time employees in the EZ for the current tax year and four-year test period

Current tax year	March 31	June 30	September 30	December 31	Total
Number of full-time employees in the EZ	66	229	294	437	1026
5 Average number of full-time employees in the EZ for current tax year **5**					257
Number of full-time employees in the EZ during four-year test period	March 31	June 30	September 30	December 31	Total
First year					
Second year					
Third year					
Fourth year					
Total number of full-time employees in the EZ for four-year test period					
6 Average number of full-time employees in the EZ for four-year test period **6**					

7 Does the average number of full-time employees on line 5 exceed the average number of full-time employees on line 6? ..... **7** Yes ☒ No ☐

If you answered *No* to question 7, you cannot compute a credit in Schedule A for the current year. If, however, you have an EZ wage tax credit carryforward from a preceding tax year, go to Schedule E, line 29. If you answered *Yes* to question 7, go to Schedule A to compute the credit for the current year.

161001120099

Schedule A – Computation of EZ wage tax credit for the current tax year

Enter the number of full-time employees (including full-time equivalents) that were employed in the zone as of the zone designation date. 25

Part 1 – Computation of EZ wage tax credit for qualified targeted employees *(Taxpayers who are certified in an investment zone, see instructions.)*

Current tax year	March 31	June 30	September 30	December 31	Total
Number of qualified targeted employees *(see instructions)*					

8	Average number of qualified targeted employees	**8**	
9	Wage tax credit for each employee	**9**	**3000.00**
10	Amount of EZ wage tax credit for qualified targeted employees *(multiply line 8 by line 9)*	**10**	.00

List below each qualified targeted employee used to compute the EZ wage tax credit on line 10 *(include their social security numbers)* Submit Form ES-450B for each employee listed here.

Employee's name	Social security number	Employee's name	Social security number

Use additional sheets if necessary.

Part 2 – Computation of EZ wage tax credit for qualified employees not included in Schedule A, Part 1 *(Taxpayers who are certified in an investment zone, see instructions.)*

Current tax year	March 31	June 30	September 30	December 31	Total
Number of qualified employees *(see instructions)*	54	134	127	109	424

11	Average number of qualified employees	**11**	106
12	Wage tax credit for each employee	**12**	**1500.00**
13	Amount of EZ wage tax credit *(multiply line 11 by line 12)*	**13**	159000 .00

List below each employee used to compute the EZ wage tax credit on line 13 *(include their social security numbers)*

Employee's name	Social security number	Employee's name	Social security number

Use additional sheets if necessary.

(continued)

161002120099

Part 3 (for taxpayers certified in an investment zone only) **– Computation of EZ wage tax credit for qualified targeted employees whose wages are more than $40,000 for the tax year**

Current tax year	March 31	June 30	September 30	December 31	Total
Number of qualified targeted employees *(see instructions)*					

14	Average number of qualified targeted employees	**14**	
15	Wage tax credit for each employee	**15**	**3500.00**
16	Amount of EZ wage tax credit for qualified targeted employees *(multiply line 14 by line 15)*	**16**	.00

List below each qualified targeted employee used to compute the EZ wage tax credit on line 16 *(include their social security numbers)*
Submit Form ES-450B for each employee listed here.

Employee's name	Social security number	Employee's name	Social security number

Use additional sheets if necessary.

Part 4 (for taxpayers certified in an investment zone only) **– Computation of EZ wage tax credit for qualified employees not included in Schedule A, Part 3, whose wages are more than $40,000 for the tax year**

Current tax year	March 31	June 30	September 30	December 31	Total
Number of qualified employees *(see instructions)*	1	1	1	1	4

17	Average number of qualified employees	**17**	1
18	Wage tax credit for each employee	**18**	**2000.00**
19	Amount of EZ wage tax credit *(multiply line 17 by line 18)*	**19**	2000 .00

List below each employee used to compute the EZ wage tax credit on line 19 *(include their social security numbers)*

Employee's name	Social security number	Employee's name	Social security number
Jane EZ	115-36-5913		

Use additional sheets if necessary.

Part 5 – Computation of EZ wage tax credit for the current tax year

20	EZ wage tax credit for the current tax year *(add lines 10, 13, 16 and 19; see instructions)*	**20**	161000 .00

Fiduciaries: Include the line 20 amount in the *Total* line of Schedule D, column C.

All others: Enter the line 20 amount on Schedule E, line 25.

161003120099

Schedule B – Partnership, S corporation, and estate and trust information *(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 wage tax 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.

Name of entity	Type	Employer identification number (EIN)

Schedule C – Partner's, shareholder's, or beneficiary's share of credit

Partner	**21**	Enter your share of the credit from your partnership *(see instructions)*	**21**	.00
S corporation shareholder	**22**	Enter your share of the credit from your S corporation *(see instructions)*	**22**	.00
Beneficiary	**23**	Enter your share of the credit from the estate or trust	**23**	.00
	24	Total *(add lines 21, 22, and 23)*	**24**	.00

Fiduciaries (that are also a partner, a shareholder, or a beneficiary of another entity):
Include the line 24 amount in the *Total* line of Schedule D, column C.

All others: Enter the line 24 amount on Schedule E, line 26.

Schedule D – Beneficiary's and fiduciary's share of credit *(see instructions)*

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	**B** Identifying number	**C** Share of EZ wage tax credit
Total *(fiduciaries, enter the amount from line 20, **plus** the amount from line 24)*		.00
		.00
		.00
Fiduciary		.00

161004120099

Schedule E – Computation of the EZ wage tax credit allowed for the current tax year

Part 1 – Computation of available EZ wage tax credit

Individuals (including sole proprietors) and partnerships	**25**	Enter the amount from Schedule A, line 20	**25**	161000 .00
Partners, S corporation shareholders, and beneficiaries	**26**	Enter the total from Schedule C, line 24	**26**	.00
Fiduciaries	**27**	Enter the amount from Schedule D, fiduciary line, column C	**27**	.00
28		EZ wage tax credit computed for the current tax year *(see instructions)*	**28**	161000 .00
29		Enter the available carryover of unused EZ wage tax credit from preceding period(s)	**29**	.00
30		Total EZ wage tax credit available for the current tax year *(add lines 28 and 29)*	**30**	161000 .00

Partnerships: Enter the line 30 amount and code ***161*** on Form IT-204, line 147.

All others: Continue on line 31.

Part 2 – Computation of EZ wage tax credit limitation

31	Enter your tax from Form IT-201, IT-203, or IT-205 *(see instructions)*	**31**	.00
32	Fifty percent limitation *(see instructions)*	**32**	.00

Part 3 – Computation of EZ wage tax credit used for the current tax year

33	Tax due before credits *(see instructions)*	**33**	.00
34	Other credits claimed before this credit *(see instructions)*	**34**	.00
35	Net tax *(subtract line 34 from line 33)*	**35**	.00
36	EZ wage tax credit used for the current tax year *(see instructions)*	**36**	.00

Part 4 – Computation of EZ wage tax credit carryforward

37	EZ wage tax credit available as a carryforward *(subtract line 36 from line 30)*	**37**	.00

Schedule F – Computation of refundable portion of EZ wage tax credit

38	Qualified businesses only: refund of EZ wage tax credit *(enter the amount from line 28 or line 37, whichever is less; see instructions)*	**38**	.00
39	Refund percentage (50% (.50))	**39**	**.50**
40	Refundable EZ wage tax credit *(see instructions)*	**40**	.00
41	EZ wage tax credit available as a carryforward after refundable wage tax credit *(subtract line 40 from line 37)*	**41**	.00

161005120099

New York State Department of Taxation and Finance

Claim for EZ Capital Tax Credit

Tax Law – Section 606(l)

IT-602

2012 calendar-year filers, mark an *X* in the box: ☒

Other filers enter tax period:

beginning _____ and ending _____

File this claim with your Form IT-201, IT-203, IT-204, or IT-205.

See Form IT-602-I, *Instructions for Form IT-602*, for assistance in completing this form.

Name(s) as shown on your return	Taxpayer identification number
Test V-1204	115365910
Name of empire zone (EZ)	
Test EZ	

Submit a copy of Empire State Development Corporation Form Z10, *Eligibility to Apply for a Zone Capital Tax Credit*.

Schedule A – Contributions of money to EZ community development projects *(see instructions)*

1 Amount of contributions of money to EZ community development projects	**1**	100000 .00
2 Credit rate 25% (.25)	**2**	.25
3 EZ capital tax credit *(multiply line 1 by line 2; see instructions)*	**3**	25000 .00

Name of community development project	Location of zone	Contributions of money
Albany Development		20000 .00
Growth Syracuse		10000 .00
Utica Club		20000 .00

4 Total amount of contributions of money *(column total, including any amounts from additional Form(s) IT-602, if any, must agree with line 1)*	**4**	100000 .00

Schedule B – Partnership, S corporation, and estate and trust information *(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 EZ capital tax 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.

Name	Type	Employer identification number

(continued on page 2)

162001120099

Schedule C – Partner's, shareholder's, or beneficiary's share of credit for contributions of money to EZ community development projects *(see instructions)*

5	Partner	**5**	.00
6	S corporation shareholder	**6**	.00
7	Beneficiary	**7**	.00

Schedule D – Limitations of EZ capital tax credit

Part 1 – Fifty percent limitation

8	Tax from Form IT-201, IT-203, or IT-205 *(see instructions)*	**8**	.00
9	Enter 50% (.5) of line 8 *(see instructions)*	**9**	.00

Part 2 – Lifetime limitation for contributions of money to EZ community development projects

10	Limitations per section 606(l) *(see instructions)*	**10**	.00
11	EZ capital tax credit previously allowed, less any previous recapture	**11**	.00
12	EZ capital tax credit still allowable *(subtract line 11 from line 10)*	**12**	.00
13	EZ capital tax credit allowable this year *(see instructions)*	**13**	.00

Schedule E – Recapture of EZ capital tax credit *(see instructions)*

A Tax period EZ capital tax credit originally allowed	**B** Amount of EZ capital tax credit originally allowed	**C** Recapture percent *(see instructions)*	**D** Recaptured credit *(column B × column C)*
	.00		.00
	.00		.00

14	Total *(add column D amounts)*	**14**	.00
15	Partner in a partnership, shareholder of an S corporation, or beneficiary of an estate or trust, enter your share of the recaptured credit *(see instructions)*	**15**	.00
16	Total recaptured EZ capital tax credit *(add lines 14 and 15);*	**16**	.00

Partnerships: See instructions.
Fiduciaries: Include the line 16 amount on the *Totals* line of Schedule G, column D.
All others: Enter the line 16 amount on line 20.

(continued on page 3)

162002120099

Schedule F – Computation of EZ capital tax credit and carryover

17	EZ capital tax credit allowable this year *(from line 13)*	**17**	.00
18	Unused EZ capital tax credit from previous periods beginning on or after January 1, 1994	**18**	.00
19	Total *(add lines 17 and 18)*	**19**	.00
20	EZ capital tax credit recapture *(see instructions)*	**20**	.00
21	Net EZ capital tax credit available this year *(Subtract line 20 from line 19. If line 20 is greater than line 19, do not enter an amount on line 21; go to line 22. See instructions.)*	**21**	.00
22	Net EZ capital tax credit recapture amount *(subtract line 19 from line 20; see instructions)*	**22**	.00
23	EZ capital tax credit available to be used this year *(enter amount from line 9 or line 21, whichever is less)*	**23**	.00
24	Tax due before credits *(see instructions)*	**24**	.00
25	Credits applied against the tax before this credit *(see instructions)*	**25**	.00
26	Net tax *(subtract line 25 from line 24)*	**26**	.00
27	EZ capital tax credit applied against this year's tax *(enter the amount from line 23 or line 26, whichever is less; see instructions)*	**27**	.00
28	EZ capital tax credit available for carryover to next year *(subtract line 27 from line 21)*	**28**	.00

Schedule G – Beneficiary's and fiduciary's share of credit and recapture of credit

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	**B** Identifying number	**C** Share of EZ capital tax credit from Schedules A and C	**D** Share of recapture of credit
Totals		.00	.00
		.00	.00
		.00	.00
Fiduciary		.00	.00

162003120099

New York State Department of Taxation and Finance

Claim for EZ Capital Tax Credit

Tax Law – Section 606(l)

IT-602

2012 calendar-year filers, mark an *X* in the box: ☒

Other filers enter tax period:

beginning _____ and ending _____

File this claim with your Form IT-201, IT-203, IT-204, or IT-205.

See Form IT-602-I, *Instructions for Form IT-602*, for assistance in completing this form.

Name(s) as shown on your return	Taxpayer identification number
Test V-1204	115365910
Name of empire zone (EZ)	
Test EZ	

Submit a copy of Empire State Development Corporation Form Z10, *Eligibility to Apply for a Zone Capital Tax Credit*.

Schedule A – Contributions of money to EZ community development projects *(see instructions)*

1 Amount of contributions of money to EZ community development projects	**1**	100000 .00
2 Credit rate 25% (.25)	**2**	.25
3 EZ capital tax credit *(multiply line 1 by line 2; see instructions)*	**3**	25000 .00

Name of community development project	Location of zone	Contributions of money
Buffalo EZ		15000 .00
New York EZ		20000 .00
Colonie EZ		15000 .00

4 Total amount of contributions of money *(column total, including any amounts from additional Form(s) IT-602, if any, must agree with line 1)*	**4**	.00

Schedule B – Partnership, S corporation, and estate and trust information *(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 EZ capital tax 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.

Name	Type	Employer identification number

(continued on page 2)

162001120099

Schedule C – Partner's, shareholder's, or beneficiary's share of credit for contributions of money to EZ community development projects *(see instructions)*

5	Partner	**5**	.00
6	S corporation shareholder	**6**	.00
7	Beneficiary	**7**	.00

Schedule D – Limitations of EZ capital tax credit

Part 1 – Fifty percent limitation

8	Tax from Form IT-201, IT-203, or IT-205 *(see instructions)*	**8**	.00
9	Enter 50% (.5) of line 8 *(see instructions)*	**9**	.00

Part 2 – Lifetime limitation for contributions of money to EZ community development projects

10	Limitations per section 606(l) *(see instructions)*	**10**	.00
11	EZ capital tax credit previously allowed, less any previous recapture	**11**	.00
12	EZ capital tax credit still allowable *(subtract line 11 from line 10)*	**12**	.00
13	EZ capital tax credit allowable this year *(see instructions)*	**13**	.00

Schedule E – Recapture of EZ capital tax credit *(see instructions)*

A Tax period EZ capital tax credit originally allowed	**B** Amount of EZ capital tax credit originally allowed	**C** Recapture percent *(see instructions)*	**D** Recaptured credit *(column B × column C)*
	.00		.00
	.00		.00

14	Total *(add column D amounts)*	**14**	.00
15	Partner in a partnership, shareholder of an S corporation, or beneficiary of an estate or trust, enter your share of the recaptured credit *(see instructions)*	**15**	.00
16	Total recaptured EZ capital tax credit *(add lines 14 and 15);*	**16**	.00

Partnerships: See instructions.
Fiduciaries: Include the line 16 amount on the *Totals* line of Schedule G, column D.
All others: Enter the line 16 amount on line 20.

(continued on page 3)

162002120099

Schedule F – Computation of EZ capital tax credit and carryover

17	EZ capital tax credit allowable this year *(from line 13)*	**17**	.00
18	Unused EZ capital tax credit from previous periods beginning on or after January 1, 1994	**18**	.00
19	Total *(add lines 17 and 18)*	**19**	.00
20	EZ capital tax credit recapture *(see instructions)*	**20**	.00
21	Net EZ capital tax credit available this year *(Subtract line 20 from line 19. If line 20 is greater than line 19, do not enter an amount on line 21; go to line 22. See instructions.)*	**21**	.00
22	Net EZ capital tax credit recapture amount *(subtract line 19 from line 20; see instructions)*	**22**	.00
23	EZ capital tax credit available to be used this year *(enter amount from line 9 or line 21, whichever is less)*	**23**	.00
24	Tax due before credits *(see instructions)*	**24**	.00
25	Credits applied against the tax before this credit *(see instructions)*	**25**	.00
26	Net tax *(subtract line 25 from line 24)*	**26**	.00
27	EZ capital tax credit applied against this year's tax *(enter the amount from line 23 or line 26, whichever is less; see instructions)*	**27**	.00
28	EZ capital tax credit available for carryover to next year *(subtract line 27 from line 21)*	**28**	.00

Schedule G – Beneficiary's and fiduciary's share of credit and recapture of credit

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	**B** Identifying number	**C** Share of EZ capital tax credit from Schedules A and C	**D** Share of recapture of credit
Totals		.00	.00
		.00	.00
		.00	.00
Fiduciary		.00	.00

162003120099

New York State Department of Taxation and Finance

Claim for EZ Investment Tax Credit and EZ Employment Incentive Credit

IT-603

Tax Law – Sections 606(j) and 606(j-1)

2012 calendar-year filers, mark an *X* in the box: ☒

Other filers must enter tax period:

beginning _____ ending _____

File this claim with your personal income tax return, Form IT-201, IT-203, IT-204, or IT-205.

Submit a copy of the *Certificate of Eligibility* and the *Empire Zone Retention Certificate*.

See Form IT-603-I, *Instructions for Form IT-603*, for assistance in completing this form.

Name(s) as shown on your return	Taxpayer identification number
Test V-1204	115365910
Name of empire zone (EZ)	
Test EZ	

Schedule A – EZ investment tax credit (EZ-ITC) *(submit additional Form(s) IT-603 if necessary; see instructions)*

Property located in EZ on which EZ-ITC is claimed

A Itemized description of property	B Principal use	C Date acquired	D Life *(years)*	E Investment credit base
Barn	Storage			70000.00
Office Building	Meetings			50,000.00
Tractor	Development			75000.00
Cabin Shelter	Supplies			22000.00
Total column E *(include amounts from additional Form(s) IT-603, if any)*				300000.00

1 Total EZ-ITC for personal income tax *(multiply the total of column E by 8% (.08); see instructions)* .... **1** 24000 .00

Schedule B – EZ employment incentive credit (EZ-EIC)

Part 1 – Eligibility for EZ-EIC (employment information)

	A	B	C	D	E	F	G	H
A Information in conjunction with Schedule B, Part 2, line A	Year	March 31	June 30	September 30	December 31	Total columns *(B + C + D + E)*	Average *(see instructions)*	Percent *
Number of employees in EZ for period covered by this claim	2009	280	280	260	200	1020	255	
Number of employees in EZ for employment base year	2010	200	200	220	280	900	225	113%
B Information in conjunction with Schedule B, Part 2, line B	Year	March 31	June 30	September 30	December 31	Total columns *(B + C + D + E)*	Average *(see instructions)*	Percent *
Number of employees in EZ for period covered by this claim	2008	200	200	200	200	800	200	
Number of employees in EZ for employment base year	2009	280	280	260	200	1020	255	78%
C Information in conjunction with Schedule B, Part 2, line C	Year	March 31	June 30	September 30	December 31	Total columns *(B + C + D + E)*	Average *(see instructions)*	Percent *
Number of employees in EZ for period covered by this claim								
Number of employees in EZ for employment base year								%

* Divide the average number of employees covered by this claim by the average number of employees in base year (column G).

(continued on page 2)

163001120099

Schedule B – EZ employment incentive credit (EZ-EIC) *(continued)*

2 Enter amount from **line 1** on page 1	**2**	24000 .00

Part 2 – Computation of EZ-EIC

	A Tax year in which EZ-ITC was allowed	B Amount of original EZ-ITC	C EZ-EIC *(multiply column B by 30%)*
A	2009	75000.00 .00	22500 .00
B		.00	.00
C		.00	.00

3 Total *(enter column C total here)*	**3**	22500 .00
4 EZ-ITC and EZ-EIC for the current year *(add lines 2 and 3; see instructions)*	**4**	46500 .00

Schedule C – Partnership, S corporation, and estate and trust information *(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 EZ-ITC or EZ-EIC 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.

Name	Type	Employer ID number

Schedule D – Partner's, shareholder's, or beneficiary's share of credit *(see instructions)*

Partner	**5**	Enter your share of the credit from your partnership	**5**	.00
S corporation shareholder	**6**	Enter your share of the credit from your S corporation	**6**	.00
Beneficiary	**7**	Enter your share of the credit from the **fiduciary's** Form IT-603, Schedule E, column C	**7**	.00
	8	**Total** *(add lines 5, 6, and 7)*	**8**	.00

Fiduciaries (that are also a partner, a shareholder, or beneficiary of another entity): Include the line 8 total in the *Totals* line of Schedule E, column C on page 3.

All others: Enter the line 8 amount on Schedule G, line 15.

(continued on page 3)

163002120099

Schedule E – Beneficiary's and fiduciary's share of credit and recapture of credit

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of EZ-ITC and EZ-EIC	D Share of recapture of credit
Totals		.00	.00
		.00	.00
		.00	.00
Fiduciary		.00	.00

Schedule F – Computation of recapture of EZ-ITC and EZ-EIC

A Description of property	B Date acquired	C Date property ceased to qualify	D Life *(months)*	E Unused life *(months)*	F Percentage *(E ÷ D)*	G EZ-ITC allowed *(see instructions)*	H Recaptured EZ-ITC *(F × G)*	I Recaptured EZ-EIC *(see instructions)*
						.00	.00	.00
						.00	.00	.00
						.00	.00	.00
						.00	.00	.00
						.00	.00	.00
						.00	.00	.00

9 Recaptured EZ-ITC *(add column H amounts)*	**9**	.00	
10 Recaptured EZ-EIC *(add column I amounts)*	**10**		.00
11 Additional recapture *(see instructions)*	**11**	.00	

12 Partners in a partnership, shareholders of an S corporation, or beneficiaries of an estate or trust, enter your share of addback of the EZ-ITC and EZ-EIC *(see instructions)*	**12**	.00
13 Add lines 9 through 12	**13**	.00

Fiduciaries: Include the line 13 amount in the *Totals* line of Schedule E, column D.
All others: Enter the line 13 amount on line 20.

(continued on page 4)

163003120099

Schedule G – Computation of EZ-ITC and EZ-EIC allowed for the current tax year or recapture amount

Individuals and partnerships	**14**	Enter the amount from line 4	**14**	46500 .00
Partners, S corporation shareholders, beneficiaries	**15**	Enter the total from Schedule D, line 8	**15**	.00
Fiduciaries	**16**	Enter the amount from Schedule E, *Fiduciary* line, column C	**16**	.00
	17	EZ-ITC and EZ-EIC computed for the current tax year *(add lines 14, 15, and 16)*	**17**	46500 .00
	18	Enter the available carryover of unused EZ-ITC or EZ-EIC from preceding period(s)	**18**	.00
	19	**Total** EZ-ITC and EZ-EIC *(add lines 17 and 18)*	**19**	46500 .00

20	Total recapture of all investment tax credits taken in previous period *(Fiduciaries: enter the amount from the* Fiduciary *line of Schedule E, column D; all others: enter the amount from line 13.)*	**20**	.00
21	Net EZ-ITC and EZ-EIC available for use *(Subtract line 20 from line 19; see instructions. If line 20 is greater than line 19,* ***do not*** *enter an amount on line 21; go to line 22.)*	**21**	46500 .00
22	Net EZ-ITC recapture amount *(subtract line 19 from line 20; see instructions)*	**22**	.00

Schedule H – Computation of EZ-ITC and EZ-EIC used, refunded, and carried over

23	EZ-ITC and EZ-EIC available for use this tax year *(from line 21)*	**23**	.00
24	Tax due before credits *(see instructions)*	**24**	.00
25	Enter all credits applied against your tax before the EZ-ITC and EZ-EIC *(see instructions)*	**25**	.00
26	Subtract line 25 from line 24	**26**	.00
27	EZ-ITC and EZ-EIC used this year *(enter the amount from line 23 or line 26, whichever is less; see instructions)*	**27**	.00
28	Unused EZ-ITC and EZ-EIC available to be refunded or carried forward *(subtract line 27 from line 23)*	**28**	.00
29	Refundable EZ-ITC and EZ-EIC *(see instructions)*	**29**	.00
30	Unused EZ-ITC and EZ-EIC available for carryforward to next year *(subtract line 29 from line 28)*	**30**	.00

163004120099

New York State Department of Taxation and Finance

Claim for EZ Investment Tax Credit and EZ Employment Incentive Credit

IT-603

Tax Law – Sections 606(j) and 606(j-1)

2012 calendar-year filers, mark an *X* in the box: ☒

Other filers must enter tax period:

beginning _____ ending _____

File this claim with your personal income tax return, Form IT-201, IT-203, IT-204, or IT-205.

Submit a copy of the *Certificate of Eligibility* and the *Empire Zone Retention Certificate*.

See Form IT-603-I, *Instructions for Form IT-603*, for assistance in completing this form.

Name(s) as shown on your return	Taxpayer identification number
Test V-1204	115365910
Name of empire zone (EZ)	
Test EZ	

Schedule A – EZ investment tax credit (EZ-ITC) *(submit additional Form(s) IT-603 if necessary; see instructions)*

Property located in EZ on which EZ-ITC is claimed

A Itemized description of property	B Principal use	C Date acquired	D Life *(years)*	E Investment credit base
Truck	Hauling			50000 .00
Wagon	Transport			33000 .00
				.00
				.00
Total column E *(include amounts from additional Form(s) IT-603, if any)*				.00

1 Total EZ-ITC for personal income tax *(multiply the total of column E by 8% (.08); see instructions)* .... **1** .00

Schedule B – EZ employment incentive credit (EZ-EIC)

Part 1 – Eligibility for EZ-EIC (employment information)

	A	B	C	D	E	F	G	H
A Information in conjunction with Schedule B, Part 2, line A	Year	March 31	June 30	September 30	December 31	Total columns *(B + C + D + E)*	Average *(see instructions)*	Percent *
Number of employees in EZ for period covered by this claim								
Number of employees in EZ for employment base year								%
B Information in conjunction with Schedule B, Part 2, line B	Year	March 31	June 30	September 30	December 31	Total columns *(B + C + D + E)*	Average *(see instructions)*	Percent *
Number of employees in EZ for period covered by this claim								
Number of employees in EZ for employment base year								%
C Information in conjunction with Schedule B, Part 2, line C	Year	March 31	June 30	September 30	December 31	Total columns *(B + C + D + E)*	Average *(see instructions)*	Percent *
Number of employees in EZ for period covered by this claim								
Number of employees in EZ for employment base year								%

* Divide the average number of employees covered by this claim by the average number of employees in base year (column G).

(continued on page 2)

163001120099

Schedule B – EZ employment incentive credit (EZ-EIC) *(continued)*

2 Enter amount from **line 1** on page 1	**2**	.00

Part 2 – Computation of EZ-EIC

A Tax year in which EZ-ITC was allowed	B Amount of original EZ-ITC	C EZ-EIC *(multiply column B by 30%)*
A	.00	.00
B	.00	.00
C	.00	.00

3 Total *(enter column C total here)*	**3**	.00
4 EZ-ITC and EZ-EIC for the current year *(add lines 2 and 3; see instructions)*	**4**	.00

Schedule C – Partnership, S corporation, and estate and trust information *(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 EZ-ITC or EZ-EIC 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.

Name	Type	Employer ID number

Schedule D – Partner's, shareholder's, or beneficiary's share of credit *(see instructions)*

Partner	**5**	Enter your share of the credit from your partnership	**5**	.00
S corporation shareholder	**6**	Enter your share of the credit from your S corporation	**6**	.00
Beneficiary	**7**	Enter your share of the credit from the **fiduciary's** Form IT-603, Schedule E, column C	**7**	.00
	8	**Total** *(add lines 5, 6, and 7)*	**8**	.00

Fiduciaries (that are also a partner, a shareholder, or beneficiary of another entity): Include the line 8 total in the *Totals* line of Schedule E, column C on page 3.

All others: Enter the line 8 amount on Schedule G, line 15.

(continued on page 3)

163002120099

Schedule E – Beneficiary's and fiduciary's share of credit and recapture of credit

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of EZ-ITC and EZ-EIC	D Share of recapture of credit
Totals		.00	.00
		.00	.00
		.00	.00
Fiduciary		.00	.00

Schedule F – Computation of recapture of EZ-ITC and EZ-EIC

A Description of property	B Date acquired	C Date property ceased to qualify	D Life *(months)*	E Unused life *(months)*	F Percentage *(E ÷ D)*	G EZ-ITC allowed *(see instructions)*	H Recaptured EZ-ITC *(F × G)*	I Recaptured EZ-EIC *(see instructions)*
						.00	.00	.00
						.00	.00	.00
						.00	.00	.00
						.00	.00	.00
						.00	.00	.00
						.00	.00	.00

9 Recaptured EZ-ITC *(add column H amounts)*	**9**	.00	
10 Recaptured EZ-EIC *(add column I amounts)*	**10**		.00
11 Additional recapture *(see instructions)*	**11**	.00	

12 Partners in a partnership, shareholders of an S corporation, or beneficiaries of an estate or trust, enter your share of addback of the EZ-ITC and EZ-EIC *(see instructions)*	**12**	.00
13 Add lines 9 through 12	**13**	.00

Fiduciaries: Include the line 13 amount in the *Totals* line of Schedule E, column D.
All others: Enter the line 13 amount on line 20.

(continued on page 4)

163003120099

Schedule G – Computation of EZ-ITC and EZ-EIC allowed for the current tax year or recapture amount

Individuals and partnerships	**14**	Enter the amount from line 4	**14**	.00
Partners, S corporation shareholders, beneficiaries	**15**	Enter the total from Schedule D, line 8	**15**	.00
Fiduciaries	**16**	Enter the amount from Schedule E, *Fiduciary* line, column C	**16**	.00
	17	EZ-ITC and EZ-EIC computed for the current tax year *(add lines 14, 15, and 16)*	**17**	.00
	18	Enter the available carryover of unused EZ-ITC or EZ-EIC from preceding period(s)	**18**	.00
	19	**Total** EZ-ITC and EZ-EIC *(add lines 17 and 18)*	**19**	.00

20	Total recapture of all investment tax credits taken in previous period *(Fiduciaries: enter the amount from the* Fiduciary *line of Schedule E, column D; all others: enter the amount from line 13.)*	**20**	.00
21	Net EZ-ITC and EZ-EIC available for use *(Subtract line 20 from line 19; see instructions. If line 20 is greater than line 19,* ***do not*** *enter an amount on line 21; go to line 22.)*	**21**	.00
22	Net EZ-ITC recapture amount *(subtract line 19 from line 20; see instructions)*	**22**	.00

Schedule H – Computation of EZ-ITC and EZ-EIC used, refunded, and carried over

23	EZ-ITC and EZ-EIC available for use this tax year *(from line 21)*	**23**	.00
24	Tax due before credits *(see instructions)*	**24**	.00
25	Enter all credits applied against your tax before the EZ-ITC and EZ-EIC *(see instructions)*	**25**	.00
26	Subtract line 25 from line 24	**26**	.00
27	EZ-ITC and EZ-EIC used this year *(enter the amount from line 23 or line 26, whichever is less; see instructions)*	**27**	.00
28	Unused EZ-ITC and EZ-EIC available to be refunded or carried forward *(subtract line 27 from line 23)*	**28**	.00
29	Refundable EZ-ITC and EZ-EIC *(see instructions)*	**29**	.00
30	Unused EZ-ITC and EZ-EIC available for carryforward to next year *(subtract line 29 from line 28)*	**30**	.00

163004120099

New York State Department of Taxation and Finance

Claim for QEZE Tax Reduction Credit

Tax Law - Section 16

IT-604

2012

Note: You must **file all pages** (1 through 8) with your return. **All taxpayers must complete the information below** and then complete **either** Section 1 (pages 1 through 4) **or** Section 2 (pages 5 through 8). Do not complete both sections.

All filers enter tax period: beginning _____ ending _____

File this claim with your Form IT-201, IT-203, IT-204, or IT-205. See Form IT-604-I, *Instructions for Form IT-604,* for assistance.

Name(s) as shown on your return	Taxpayer identification number
Test V-1204	115365910
Name of empire zone (EZ)	
Test EZ	
Name of qualified empire zone enterprise (QEZE) business	EIN of QEZE

Mark an ***X*** in the box if you are a Clean Energy Enterprise (CEE) *(see instructions)* ..... ☐

Mark an ***X*** in the box if you are a QEZE first certified between August 1, 2002, and March 31, 2005, that conducts its operations on real property it owns or leases, that is located in an empire zone (EZ) and that is subject to a brownfield site cleanup agreement executed prior to January 1, 2006. ..... ☒

Mark an ***X*** in the box if you are claiming this credit as a partner in a partnership, shareholder of a New York S corporation, or beneficiary of an estate or trust. ..... ☐

Section 1 – For QEZEs first certified prior to April 1, 2005 *(see* Important information *in the instructions)*

Date *(mm-dd-yyyy)* of first certification by Empire State Development *(submit copies of all certificates of eligibility and EZ retention certificates)* 1-1-2004

Schedule A – Employment test for QEZEs first certified prior to April 1, 2005

Part 1 – Empire zone (EZ) employment – Computation of the employment number within all EZs for the current tax year and the five-year base period. Include employees within all EZs, even if you are not certified in all of those zones *(see instructions)*.

Current tax year employment number	March 31	June 30	September 30	December 31	Total
Number of full-time employees within all EZs	500	600	700	740	2540

1 Current tax year employment number within all EZs *(do not round; see instructions)* **1** 635

Base period employment number	Tax year ending *(mm-yyyy)*	March 31	June 30	September 30	December 31	Total
Number in base year one	12-2004	30	40	50	60	180
Number in base year two	12-2005	80	90	100	110	380
Number in base year three	12-2006	130	140	150	160	580
Number in base year four	12-2007	180	190	200	210	780
Number in base year five	12-2008	320	360	400	420	1500
Total number of full-time employees within all EZs in the base period						3420

2 Base period employment number within all EZs *(do not round; see instructions)* **2** 171

3 Does the amount on line 1 **equal** or **exceed** line 2? *(see instr.)* Yes ☒ No ☐

If ***No*, stop;** you are not eligible for the QEZE tax reduction credit.

164001120099

Part 2 – New York State employment outside all EZs – Computation of the employment number inside New York State and outside all EZs (whether or not you are certified in all of those EZs) for the current tax year and the five-year base period *(see instructions)*.

Current tax year employment number	March 31	June 30	September 30	December 31	Total
Number of full-time employees inside NYS and outside all EZs	1000	1500	2000	2550	7050

4 Current tax year employment number inside NYS and outside all EZs *(do not round)* **4** 1763

Base period employment number	Tax year ending *(mm-yyyy)*	March 31	June 30	September 30	December 31	Total
Number in base year one	12-2004	200	400	600	800	2000
Number in base year two	12-2005	500	400	300	200	1400
Number in base year three	12-2006	300	400	600	900	2200
Number in base year four	12-2007	1000	1200	1000	500	3700
Number in base year five	12-2008	600	800	1200	1400	4000
Total number of full-time employees inside NYS and outside EZs in the base period						13300

5 Base period employment number inside NYS and outside all EZs *(do not round)* **5** 665

6 Does the amount on line 4 **equal** or **exceed** the amount on line 5? *(see instructions)* ..... Yes ☒ No ☐
If ***No*, stop;** you are not eligible for the QEZE tax reduction credit.

Schedule B – Computation of test year employment number within the EZs in which you are certified

Test year *(mm-yyyy)* 01-2008 to 12-2008	March 31	June 30	September 30	December 31	Total
Number of full-time employees within the EZs	300	310	320	402	1332

7 Test year employment number within the EZs in which you are certified *(see instructions)* **7** 333

Schedule C – Employment increase factor *(see instructions)*

8 Current tax year employment number within the EZs in which you are certified *(see instructions)* **8** 600
9 Test year employment number within the EZs in which you are certified *(from line 7)* **9** 333
10 Subtract line 9 from line 8 ..... **10** 267
11 Divide line 10 by line 9 *(round the result to the fourth decimal place; if line 9 is zero and line 8 is greater than zero, enter **1** here)* **11**
12 Divide line 10 by 100 *(round the result to the fourth decimal place)* **12** 2
13 Employment increase factor *(enter the greater of line 11 or 12, but not more than 1.0)* **13** 1
Partnerships – Enter the line 13 amount on Form IT-204, line 133.
All others – Enter the line 13 amount on line 26.

164002120099

Schedule D – Zone allocation factor *(see instructions)*

			A – EZ		B – New York State
14	Average value of property *(see instructions)*	**14**	21000000 .00	**14**	21000000 .00
15	EZ property factor *(divide line 14, column A, by line 14, column B; round the result to the fourth decimal place)*			**15**	1
16	Wages and other compensation of employees *(see instr.)*	**16**	5000000 .00	**16**	5000000 .00
17	EZ payroll factor *(divide line 16, column A, by line 16, column B; round the result to the fourth decimal place)*			**17**	1
18	Total EZ factors *(add lines 15 and 17)*			**18**	2
19	Zone allocation factor *(divide line 18 by two; round the result to the fourth decimal place)*			**19**	1

Partnerships – Enter the line 19 amount on Form IT-204, line 134 and enter the benefit period factor from the *Benefit period factor table* below on Form IT-204, line 135.
All others – Enter the line 19 amount on line 27.

Schedule E – Tax factor

20	Enter your tax from Form IT-201, line 39; Form IT-203, line 38; Form IT-205, line 6 (full-year resident estate or trust); or Form IT-205-A, line 11 (nonresident estate or trust or part-year resident trust)	**20**	.00
21	Enter the amount of your income from the QEZE allocated within NYS *(see instructions)*	**21**	.00
22	New York adjusted gross income *(see instructions)*	**22**	.00
23	Divide line 21 by line 22 *(the result cannot exceed one; round the result to the fourth decimal place)*	**23**	
24	Multiply line 20 by line 23; this is your tax factor *(enter here and on line 28)*	**24**	.00

Schedule F – QEZE tax reduction credit

25	Tax year of the business benefit period ____ ; benefit period factor *(from table below)*	**25**	
26	Employment increase factor *(from line 13)*	**26**	
27	Zone allocation factor *(from line 19)*	**27**	
28	Tax factor *(from line 24)*	**28**	.00
29	QEZE tax reduction credit available for use *(multiply line 25 × line 26 × line 27 × line 28)*	**29**	.00
30	Tax due before credits *(see instructions)*	**30**	.00
31	Credits applied against the tax before this credit *(see instructions)*	**31**	.00
32	Net tax due *(subtract line 31 from line 30)*	**32**	.00
33	QEZE tax reduction credit used for the current tax year *(see instructions)*	**33**	.00

Benefit period factor table*	
Tax year of the benefit period	Benefit period factor
1 - 10	1.0
11	.8
12	.6
13	.4
14	.2
15	0

Sole proprietors and fiduciaries – Find the tax year of your benefit period. Enter the benefit period factor for that tax year on line 25.

All others – See instructions.

* For taxpayers first certified prior to April 1, 2005, the QEZE tax reduction credit is generally available for up to 14 years for taxpayers that continue to qualify.

164003120099

Schedule G – Beneficiary's and fiduciary's share of QEZE income

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of QEZE income
Total		.00
		.00
		.00
Fiduciary		.00

Schedule H – Related entities

List the names and employer identification numbers of any related business entities. Use additional sheets if necessary. Use the definition of *related persons* in the instructions to determine if an entity is related.

Name	Employer identification number
Robert Smith	556492159
Barbara Jones	104228741

Schedule I – Valid business purpose for QEZEs first certified prior to August 1, 2002 *(see instructions)*

If you are claiming that the QEZE was formed for a valid business purpose, mark an ***X*** in the box and submit a notarized statement describing in detail how your QEZE meets the valid business purpose test ..... ☒

164004120099

Claim for QEZE Tax Reduction Credit

Section 2 – For QEZEs first certified on or after April 1, 2005 *(see* Important information *in the instructions)*

All filers enter tax period: beginning _____ ending _____

Note: You must **file all pages** (1 through 8) with your return. **All taxpayers must complete the information above Section 1 on page 1** and then complete **either** Section 1 (pages 1 through 4) **or** Section 2 (pages 5 through 8). Do not complete both sections.

Name(s) as shown on your return	Taxpayer identification number
Name of empire zone (EZ)	
Name of qualified empire zone enterprise (QEZE) business	EIN of QEZE

Date *(mm-dd-yyyy)* of first certification by Empire State Development *(submit copies of all certificates of eligibility and EZ retention certificates)* ..... _____

Schedule J – Employment test for QEZEs first certified on or after April 1, 2005

Part 1 – Empire zone (EZ) employment – Computation of the employment number within all EZs for the current tax year and the four-year base period. Include employees within all EZs, even if you are not certified in all of those zones *(see instructions)*.

Current tax year employment number	March 31	June 30	September 30	December 31	Total
Number of full-time employees within all EZs					

34 Current tax year employment number within all EZs *(do not round; see instructions)* ..... **34** _____

Base period employment number	Tax year ending *(mm-yyyy)*	March 31	June 30	September 30	December 31	Total
Number in base year one						
Number in base year two						
Number in base year three						
Number in base year four						

Total number of full-time employees within all EZs in the base period ..... _____

35 Base period employment number within all EZs *(do not round; see instructions)* ..... **35** _____

36 Does the amount on line 34 **exceed** line 35? *(see instructions)* ..... Yes ☐ No ☐

If ***No*, stop;** you are not eligible for the QEZE tax reduction credit.

(continued)

Part 2 – New York State employment – Computation of the employment number in New York State for the current tax year and the four-year base period *(see instructions)*.

Current tax year employment number	March 31	June 30	September 30	December 31	Total
Number of full-time employees inside New York State					

37 Current tax year employment number in New York State *(do not round)* **37**

Base period employment number	Tax year ending *(mm-yyyy)*	March 31	June 30	September 30	December 31	Total
Number in base year one						
Number in base year two						
Number in base year three						
Number in base year four						

Total number of full-time employees in New York State for the base period .....

38 Base period employment number in New York State *(do not round)* **38**

39 Does the amount on line 37 **exceed** the amount on line 38? *(see instructions)* ..... Yes ☐ No ☐

If ***No*, stop;** you are not eligible for the QEZE tax reduction credit.

Schedule K – Computation of test year employment number within the EZs in which you are certified

Test year *(mm-yyyy)* _____ to _____	March 31	June 30	September 30	December 31	Total
Number of full-time employees within the EZs.....					

40 Test year employment number within the EZs in which you are certified *(see instructions)* **40**

Schedule L – Employment increase factor *(see instructions)*

41 Current year employment number within the EZs in which you are certified *(see instructions)* **41**

42 Test year employment number within the EZs in which you are certified *(from line 40)* **42**

43 Subtract line 42 from line 41 ..... **43**

44 Divide line 43 by line 42 *(round the result to the fourth decimal place; if line 42 is zero and line 41 is greater than zero, enter **1** here)* **44**

45 Divide line 43 by 100 *(round the result to the fourth decimal place)* **45**

46 Employment increase factor *(enter the greater of line 44 or 45, but not more than 1.0)* **46**

Partnerships: Enter the line 46 amount on Form IT-204, line 133.

All others: Enter the line 46 amount on line 59.

Schedule M – Zone allocation factor *(see instructions)*

			A – EZ		B – New York State
47	Average value of property *(see instructions)*	**47**	.00	**47**	.00
48	EZ property factor *(divide line 47, column A, by line 47, column B; round the result to the fourth decimal place)*			**48**	
49	Wages and other compensation of employees *(see instr.)*	**49**	.00	**49**	.00
50	EZ payroll factor *(divide line 49, column A, by line 49, column B; round the result to the fourth decimal place)*			**50**	
51	Total EZ factors *(add lines 48 and 50)*			**51**	
52	Zone allocation factor *(divide line 51 by two; round the result to the fourth decimal place)*			**52**	

Partnerships: Enter the line 52 amount on Form IT-204, line 134 and enter the benefit period factor on Form IT-204, line 135 *(see instructions)*.
All others: Enter the line 52 amount on line 60.

Schedule N – Tax factor

53	Enter your tax from Form IT-201, line 39; Form IT-203, line 38; Form IT-205, line 6 (full-year resident estate or trust); or Form IT-205-A, line 11 (nonresident estate or trust or part-year resident trust)	**53**	.00
54	Enter the amount of your income from the QEZE allocated within NYS *(see instructions)*	**54**	.00
55	New York adjusted gross income *(see instructions)*	**55**	.00
56	Divide line 54 by line 55 *(the result cannot exceed one; round the result to the fourth decimal place)*	**56**	
57	Multiply line 53 by line 56; this is your tax factor *(enter here and on line 61)*	**57**	.00

Schedule O – QEZE tax reduction credit

58	Tax year of the business benefit period ____; benefit period factor	**58**	
59	Employment increase factor *(from line 46)*	**59**	
60	Zone allocation factor *(from line 52)*	**60**	
61	Tax factor *(from line 57)*	**61**	.00
62	QEZE tax reduction credit *(multiply line 58 × line 59 × line 60 × line 61)*	**62**	.00
63	Tax due before credits *(see instructions)*	**63**	.00
64	Credits applied against the tax before this credit *(see instructions)*	**64**	.00
65	Net tax due *(subtract line 64 from line 63)*	**65**	.00
66	QEZE tax reduction credit used for the current tax year *(see instructions)*	**66**	.00

Schedule P – Beneficiary's and fiduciary's share of QEZE income

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	**B** Identifying number	**C** Share of QEZE income
Total		.00
		.00
		.00
Fiduciary		.00

Schedule Q – Related entities

List the names and employer identification numbers of any related business entities. Use additional sheets if necessary. Use the definition of related persons in the instructions to determine if an entity is related.

Name	Employer identification number

New York State Department of Taxation and Finance

Claim for QEZE Credit for Real Property Taxes

Tax Law - Section 15

IT-606

Note: You must **file all pages** (1 through 8) with your return. **All taxpayers must complete the information below** and then complete **either** *Section 1* (pages 1 through 4) **or** *Section 2* (pages 5 through 8). Do not complete both sections.

See Form IT-606-I, *Instructions for Form IT-606,* for assistance.

All filers enter tax period:

beginning _____ ending _____

File this claim with your Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on your return	Taxpayer identification number
Test V-1204	115365910
Name of empire zone (EZ)	
Zone 606 A	
Name of qualified empire zone enterprise (QEZE) business	EIN of QEZE
	115365914

Mark an ***X*** in the box if you are a Clean Energy Enterprise (CEE) *(see instructions)* ..... ☒

Mark an ***X*** in the box if you are a QEZE first certified between August 1, 2002, and March 31, 2005, that conducts its operations on real property it owns or leases, that is located in an empire zone (EZ), and that is subject to a brownfield site cleanup agreement executed prior to January 1, 2006 ..... ☒

Section 1 – For QEZEs first certified prior to April 1, 2005 *(see* Important information *in the instructions)*

Date *(mm-dd-yyyy)* of first certification by Empire State Development *(submit copies of all certificates of eligibility and EZ retention certificates)*. 07-31-2002

Schedule A – Employment test for QEZEs first certified prior to April 1, 2005

Part 1 – Empire zone (EZ) employment – Computation of the employment number within all EZs for the current tax year and the five-year base period. Include employees within all EZs, even if you are not certified in all of those zones *(see instructions)*.

Current tax year employment number	March 31	June 30	September 30	December 31	Total
Number of full-time employees within all EZs	600	700	800	936	3036

1 Current tax year employment number within all EZs *(do not round; see instructions)* **1** 759.00

Base period employment no.	Tax year ending *(mm-yyyy)*	March 31	June 30	September 30	December 31	Total
Number in base year one	12-2004	35	45	55	65	200
Number in base year two	12-2005	75	85	95	105	360
Number in base year three	12-2006	115	125	135	145	520
Number in base year four	12-2007	155	165	175	185	680
Number in base year five	12-2008	325	345	370	440	1480

Total number of full-time employees within all EZs in the base period 3240

2 Base period employment number within all EZs *(do not round; see instructions)* **2** 162.00

3 Does the amount on line 1 **equal** or **exceed** line 2? *(see instructions)* ..... Yes ☒ No ☐

If the employment number within all EZs for the current year (line 1) does not **equal** or **exceed** the employment number within all EZs in the base period (line 2), **stop;** you are not eligible for the QEZE credit for real property taxes.

166001120099

Part 2 – New York State employment outside all EZs – Computation of the employment number inside New York State and outside all EZs (whether or not you are certified in all of those EZs) for the current tax year and the five-year base period *(see instructions)*.

Current tax year employment number	March 31	June 30	September 30	December 31	Total
Number of full-time employees inside NYS and outside all EZs	1050	1550	2255	2354	7209

4 Current tax year employment number inside New York State and outside all EZs *(do not round)* **4** 1802.00

Base period employment no.	Tax year ending *(mm-yyyy)*	March 31	June 30	September 30	December 31	Total
Number in base year one	12-2004	255	455	555	655	1920
Number in base year two	12-2005	525	425	355	255	1560
Number in base year three	12-2006	325	425	625	925	2300
Number in base year four	12-2007	1005	1205	1005	505	3720
Number in base year five	12-2008	605	805	1205	1455	4070
Total number of full-time employees inside New York State and outside all EZs in the base period						13570

5 Base period employment number inside New York State and outside all EZs *(do not round)* **5** 679.00

6 Does the amount on line 4 **equal** or **exceed** the amount on line 5? *(see instructions)* ..... Yes [X] No [ ]

If the employment number inside New York State and outside all EZs for the current tax year (line 4) does not **equal** or **exceed** the employment number inside New York State and outside all EZs in the base period (line 5), **stop;** you are not eligible for the QEZE credit for real property taxes.

Schedule B – Computation of test year employment number within the EZs in which you are certified

Test year *(mm-yyyy)* 01-2008 to 12-2008	March 31	June 30	September 30	December 31	Total
Number of full-time employees within the EZs	500	600	700	800	2600

7 Test year employment number within the EZs in which you are certified *(see instructions)* **7** 650.00

Schedule C – Employment increase factor *(see instructions)*

8 Current tax year employment number within the EZs in which you are certified *(see instructions)* **8** 700.00

9 Test year employment number within the EZs in which you are certified *(from line 7)* **9** 650.00

10 Subtract line 9 from line 8..... **10** 50.00

11 Divide line 10 by line 9 *(round the result to the fourth decimal place; if line 9 is zero and line 8 is greater than zero, enter **1** here)* **11** 0769

12 Divide line 10 by 100 *(round the result to the fourth decimal place)* **12** 5000

13 Employment increase factor *(enter the greater of line 11 or 12, but not more than 1.0; also enter on line 15)* **13** 5000

166002120099

Schedule D – Computation of QEZE credit for real property taxes for QEZEs first certified prior to April 1, 2005

14	Tax year of the business tax benefit period [ ]; benefit period factor *(from table below)*	**14**	1
15	Employment increase factor *(from line 13)*	**15**	0.5000
16	Eligible real property taxes *(see instructions)*	**16**	200000 .00
17	Multiply line 14 by line 15 by line 16....	**17**	100000 .00
18	**Recapture** of QEZE credit for real property taxes *(from Worksheet A on page 6 of instructions)* .... Partners, shareholders, and beneficiaries, see instructions.	**18**	10000 .00
19	Net recapture of QEZE credit for real property taxes *(subtract line 17 from line 18. If line 17 is greater than line 18, skip line 19 and continue on line 20; see instructions)*....	**19**	.00
20	QEZE credit for real property taxes after recapture *(subtract line 18 from line 17)*	**20**	90000 .00
21	QEZE credit for real property taxes limitation *(see instructions; do not enter **0**)*	**21**	.00
22	QEZE credit for real property taxes after limitation *(see instructions)*....	**22**	90000.00
23	Partners, shareholders, and beneficiaries, see instructions....	**23**	.00
24	Total QEZE credit for real property taxes *(add lines 22 and 23; see instructions)*	**24**	90000.00

Benefit period factor table*	
Tax year of the benefit period	Benefit period factor
1 - 10	1.0
11	.8
12	.6
13	.4
14	.2
15	0

* The QEZE credit for real property taxes is generally available for up to 14 years for taxpayers that continue to qualify.

Find the tax year of your business tax benefit period. Enter the benefit period factor for that year (from the table on the left) on line 14.

Schedule E – Beneficiary's and fiduciary's share of credit

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	**B** Identifying number	**C** Share of QEZE credit for real property taxes	**D** Share of recapture of QEZE credit for real property taxes
Total		.00	.00
		.00	.00
		.00	.00
Fiduciary		.00	.00

166003120099

Schedule F – Related entities

List the names and employer identification numbers of any related business entities. Submit additional sheets if necessary. Use the definition of related persons in the instructions to determine if an entity is related.

Name	Employer identification number
Bruce Hall	296-74-1385
Mary Jennings	113-89-6008

Schedule G – Valid business purpose for QEZEs first certified prior to August 1, 2002 *(see instructions)*

If you are claiming that the QEZE was formed for a valid business purpose, mark an ***X*** in the box and submit a notarized statement describing in detail how the QEZE meets the valid business purpose test. ..... ☐

166004120099

Claim for QEZE Credit for Real Property Taxes

Section 2 – For QEZEs first certified on or after April 1, 2005 *(see* Important information *in the instructions)*

Note: You must **file all pages** (1 through 8) with your return. **All taxpayers must complete the information above *Section 1* on page 1** and then complete **either** *Section 1* (pages 1 through 4) **or** *Section 2* (pages 5 through 8). Do not complete both sections.

All filers enter tax period beginning _____ ending _____

File this claim with your Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on your return	Taxpayer identification number
Name of empire zones (EZ): Indicate whether each zone is a development zone (DZ) or investment zone (IZ) *(submit additional sheets if necessary)*.	
Name of qualified empire zone enterprise (QEZE) business	EIN of QEZE

Date *(mm-dd-yyyy)* of first certification by Empire State Development *(submit copies of all certificates of eligibility and EZ retention certificates)*. ..... _____

Tax year of the business tax benefit period *(enter a year between 1 and 10)*. ..... _____

Schedule H – Employment test for QEZEs first certified on or after April 1, 2005

Part 1 – Empire zone (EZ) employment – Computation of the employment number within all EZs for the current tax year and the four-year base period. Include employees within all EZs, even if you are not certified in all of those zones *(see instructions)*.

Current tax year employment number	March 31	June 30	September 30	December 31	Total
Number of full-time employees within all EZs					

25 Current tax year employment number within all EZs *(do not round; see instructions)* ..... **25** _____

Base period employment no.	Tax year ending *(mm-yyyy)*	March 31	June 30	September 30	December 31	Total
Number in base year one						
Number in base year two						
Number in base year three						
Number in base year four						

Total number of full-time employees within all EZs in the base period ..... _____

26 Base period employment number within all EZs *(do not round; see instructions)* ..... **26** _____

27 Does the amount on line 25 **exceed** line 26? *(see instructions)* ..... Yes ☐ No ☐

If the employment number within all EZs for the current tax year (line 25) **does not exceed** the employment number within all EZs in the base period (line 26), **stop;** you are not eligible for the QEZE credit for real property taxes.

Part 2 – New York State employment – Computation of the employment number in New York State for the current tax year and the four-year base period *(see instructions)*.

Current tax year employment number	March 31	June 30	September 30	December 31	Total
Number of full-time employees in NYS					

28 Current tax year employment number in New York State *(do not round)* ..... **28** _____

(continued on page 6)

Base period employment no.	Tax year ending *(mm-yyyy)*	March 31	June 30	September 30	December 31	Total
Number in base year one						
Number in base year two						
Number in base year three						
Number in base year four						

Total number of full-time employees in New York State in the base period.....

29 Base period employment number in New York State *(do not round)* **29**

30 Does the amount on line 28 **exceed** the amount on line 29? *(see instructions)* ..... Yes ☐ No ☐

If the employment number inside New York State for the current tax year (line 28) **does not exceed** the employment number in New York State for the base period (line 29), **stop;** you are not eligible for the QEZE credit for real property taxes.

Schedule I – Computation of net new employment *(see instructions)*

31 Current year employment number in the EZs in which you are certified..... **31**

32 Base period employment number in the EZs in which you are certified..... **32**

33 Net new employment *(subtract line 32 from 31)* **33**

Schedule J – Development zone (DZ) employment increase factor

Net new employees (from line 33)	**DZ employment increase factor**
1 to 10	0.25
11 to 49	0.50
50 to 75	0.75
76 and above	New employees (from line 33) divided by 100. This number cannot exceed 1.0

34 DZ employment increase factor from table above **34**

Schedule K – Employee information *(see instructions)*

Enter name, social security number, employee's zone location, and wage and benefit information for all new employees included in the *Net new employment* number on line 33 upon which this claim is based. Submit additional sheets if necessary.

A Employee's name	**B** Employee's social security number	**C** Employee's zone location *(see instructions)*	**D** Total wages, health benefits, and retirement benefits	**E** Eligible wages, health benefits, and retirement benefits included in column D *(enter no more than $40,000 per employee)*
			.00	.00
			.00	.00
			.00	.00

Column E total from additional sheet(s) submitted, if any ..... .00

35 Total eligible wages, health benefits, and retirement benefits *(add column E amounts, including any amounts from additional sheets)* ..... **35** .00

166006120099

Schedule L – Computation of credit for QEZEs certified in development zones (DZs) *(see instructions)*

36	Eligible wages, health benefits, and retirement benefits from line 35	**36**	.00
37	25% (.25) factor	**37**	**.25**
38	DZ employment increase factor from line 34	**38**	.00
39	QEZE credit for real property taxes for QEZEs certified in DZs *(multiply line 36 by line 37 by line 38)*	**39**	.00

Schedule M – Computation of QEZE credit for real property taxes for manufacturers and QEZEs certified only in an investment zone (IZ) *(see instructions)*

40	Eligible wages, health benefits, and retirement benefits from line 35	**40**	.00
41	25% (.25) factor	**41**	**.25**
42	QEZE credit for real property taxes *(multiply line 40 by line 41)*	**42**	.00

Schedule N – QEZE credit for real property taxes *(see instructions)*

43	QEZE credit from line 39 or line 42	**43**	.00
44	Capital investment amount *(from line 55 or line 58)*	**44**	.00
45	Enter the greater of line 43 or line 44	**45**	.00
46	Eligible real property taxes *(submit documentation)*	**46**	.00
47a	Enter the lesser of line 45 or line 46	**47a**	.00
47b	If certified on or after April 1, 2009, multiply line 47a by 75% (.75) and enter the result. If certified before April 1, 2009, enter the line 47a amount here	**47b**	.00
48	Recapture of QEZE credit for real property taxes *(see instructions)*	**48**	.00
49	Net recapture of QEZE credit for real property taxes *(Subtract line 47b from line 48. If line 47b is greater than line 48, skip line 49 and continue on line 50, see instructions.)*	**49**	.00
50	QEZE credit for real property taxes after recapture *(subtract line 48 from line 47b)*	**50**	.00
51	Partners, shareholders, and beneficiaries, see instructions	**51**	.00
52	Total QEZE credit for real property taxes *(add lines 50 and 51; see instructions)*	**52**	.00

Schedule O – Beneficiary's and fiduciary's share of credit

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	**B** Identifying number	**C** Share of QEZE credit for real property taxes	**D** Share of recapture of QEZE credit for real property taxes
Total		.00	.00
		.00	.00
		.00	.00
Fiduciary		.00	.00

166007120099

Schedule P – Related entities

List the names and employer identification numbers of any related business entities. Submit additional sheets if necessary. Use the definition of related persons in the instructions to determine if an entity is related.

Name	Employer identification number

Schedule Q – Capital investment amount *(complete only Part 1 or Part 2)*

Part 1 – Capital investment amount for QEZEs certified in DZs *(see instructions)*

A Address of property	B Name of zone *(if applicable)*	C Cost or other basis *(see instructions)*	D Multiply column C by 10% (0.1)	E Percentage of physical occupancy and use *(see instructions)*	F Multiply column D by column E
		.00	.00		.00
		.00	.00		.00
		.00	.00		.00
		.00	.00		2.00
		.00	.00		.00
		.00	.00		.00

53	Total *(add column F amounts)*	**53** .00
54	Enter column F total from additional schedules submitted, if any	**54** .00
55	Total *(add lines 53 and 54; enter here and on line 44)*	**55** .00

Part 2 – Capital investment amount for QEZEs certified only in IZs or for manufacturers *(see instructions)*

A Address of property	B Name of zone *(if applicable)*	C Cost or other basis	D Multiply column C by 10% (0.1)	E Percentage of physical occupancy and use	F Percent of column C *(see instructions)*	G Multiply column D by the greater of column E or F
		.00	.00			.00
		.00	.00			.00
		.00	.00			.00
		.00	.00			.00
		.00	.00			.00
		.00	.00			.00

56	Total *(add column G amounts)*	**56** .00
57	Enter column G total from additional schedules submitted, if any	**57** .00
58	Total *(add lines 56 and 57; enter here and on line 44)*	**58** .00

166008120099

New York State Department of Taxation and Finance

Empire State Jobs Retention Program Credit

Tax Law - Sections 36 and 606(tt)

IT-634

Calendar-year filers, mark an *X* in the box: ☒

Other filers enter tax period:

beginning _____ and ending _____

Submit this form with Form IT-201, IT-203, IT-204, or IT-205.
You must also submit a copy of the certificate(s) of tax credit issued by Empire State Development (ESD).

Name(s) as shown on return	Identifying number as shown on return
Test V-1204	115365910

A Year of eligibility *(enter a number from 1 to 10; see instructions)* ..... **A** 1

Schedule A – Credit computation *(see instructions)*

Individual (including sole proprietor), partnership, fiduciary	1	Enter your Empire State jobs retention program credit	1	1000 .00
Partner	2	Enter your share of the Empire State jobs retention program credit from your partnership(s)	2	.00
S corporation shareholder	3	Enter your share of the Empire State jobs retention program credit from your S corporation(s)	3	.00
Beneficiary	4	Enter your share of the Empire State jobs retention program credit from the estate(s) or trust(s)	4	.00
	5	Total Empire State jobs retention program credit *(add lines 1 through 4; see instructions)*	5	1000 .00

Schedule B – Partnership, S corporation, estate, and trust information *(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 Empire State jobs retention program credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter ***P*** for partnership, ***S*** for S corporation, or ***ET*** for estate or trust.

Name	Type	Employer ID number

Schedule C – Beneficiary's and fiduciary's share of credit and recapture of credit

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of credit	D Share of recapture of credit
Total		.00	.00
		.00	.00
		.00	.00
Fiduciary		.00	.00

634001120099

Schedule D – Summary of recapture of credit *(see instructions)*

6	Individual's and partnership's recapture of credit	**6**	.00
7	Beneficiary's share of recapture of credit	**7**	.00
8	Partner's share of recapture of credit	**8**	.00
9	S corporation shareholder's share of recapture of credit	**9**	.00
10	Fiduciaries: enter your share of amount from Schedule C, *Fiduciary* line, column D	**10**	.00
11	Total *(see instructions)*	**11**	.00

Individuals (including sole proprietors), partners, S corporation shareholders, and beneficiaries: Enter the line 11 amount and code ***634*** on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.

Fiduciaries: Include the line 11 amount on Form IT-205, line 12.

Partnerships: Enter the line 11 amount and code ***634*** on Form IT-204, line 148.

634002120099

New York State Department of Taxation and Finance

New York Youth Works Tax Credit

Tax Law – Article 22, Section 606(tt)

IT-635

Calendar-year filers, mark an *X* in the box: ☒

Other filers enter tax period:

beginning _____ and ending _____

Submit this form with Form IT-201, IT-203, IT-204, or IT-205. You must also submit a copy of the *Certificate of Tax Credit* issued by the New York State Department of Labor.

Name(s) as shown on return	Taxpayer identification number
Test V-1204	115365910

Schedule A – Credit for certified youths

1 New York youth works tax credit *(from line 11)*	**1**	2000 .00

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

Partner	**2**	Enter your share of the credit from your partnership(s)	**2**	.00
S corporation shareholder	**3**	Enter your share of the credit from your S corporations(s)	**3**	.00
Beneficiary	**4**	Enter your share of the credit from the estate(s) or trust(s)	**4**	.00
	5	Total credit allowed *(add lines 1 through 4; see instructions)*	**5**	2000 .00

Schedule C – Beneficiary's and fiduciary's share of credit

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	**B** Identifying number	**C** Share of tax credit
Total *(from line 5)*		.00
		.00
		.00
Fiduciary		.00

Schedule D – Partnership, S corporation, estate, and trust information *(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 credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter ***P*** for partnership, ***S*** for S corporation, or ***ET*** for estate or trust.

Name	Type	Employer ID number

635001120099

Schedule E – Employee information and computation of credit *(complete a separate Schedule E for each certified youth)*

Employee name		Social security number
Geoffry Wallace		548-65-7413
Hire date *(mm-dd-yyyy)*	Last date of employment during the current tax year	
01/01/2012	12/31/2012	

Part 1 – 2012 hours worked and monthly factors for full-time or part-time work *(see instructions)*

Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Number of hours worked	100	100	100	100	100	100	100	100	100	100	100	100
Full-time or part-time factor	.5	.5	.5	.5	.5	.5	.5	.5	.5	.5	.5	.5

Part 2 – 2013 hours worked and monthly factors for full-time or part-time work *(see instructions)*

Month	Jan	Feb	March	April	May	June
Number of hours worked						
Full-time or part-time factor						

Part 3 – Computation of credit

6	Total monthly factors for first six months *(see instructions)*	**6**	3
7	Six-month employment credit *(multiply line 6 by 500)*	**7**	1500 .00
8	Additional six-month credit *(see instructions)*	**8**	500 .00
9	Total tax credit for employee *(add lines 7 and 8)*	**9**	2000 .00

Schedule F – Total New York youth works tax credit *(complete only **one** Schedule F)*

10	Total line 9 amounts from additional Schedule(s) E, if any	**10**	.00
11	Total credit *(add lines 9 and 10; enter here and on line 1)*	**11**	2000 .00

635002120099

New York State Department of Taxation and Finance

Beer Production Credit

Tax Law - Section 37, Article 22, Section 606(uu)

IT-636

2012

All filers must enter tax period:

beginning _____ ending _____

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

Name(s) as shown on return	Identifying number as shown on return
Test V-1204	115365910

Schedule A – Eligibility

A Are you registered as a distributor under Tax Law Article 18 (Taxes on Alcoholic Beverages)? ..... Yes ☒ No ☐

B For the tax year, did you produce 60 million gallons of beer or less in New York State? ..... Yes ☒ No ☐
If you answered *No* to question A or B, **stop**. You do not qualify for this credit for this tax year.

Schedule B – Individual (including sole proprietor), partnership, and fiduciary *(see instructions)*

Part 1 – Credit for the first 500,000 gallons produced in New York State *(submit additional sheets if necessary)*

A Beer production facility's physical address	B Total gallons of beer produced in NYS on or after April 1, 2012
800 Broadway Albany, NY 12211	1000000

1	Total of column B amounts from additional Form(s) IT-636, if any	**1**		
2	Add column B amounts *(include any amount from line 1)*	**2**	1000000	
3	Enter the lesser of line 2 or 500,000	**3**	500000	
4	Total credit for first 500,000 gallons produced in New York State *(multiply line 3 by .14; see instr.)* ...			**4** 70000.00

Part 2 – Credit for gallons produced in New York State in excess of 500,000 *(submit additional sheets if necessary)*

A Beer production facility's physical address	B Total gallons of beer produced in NYS on or after April 1, 2012
800 Broadway Albany, NY 12211	1000000

5	Total of column B amounts from additional Form(s) IT-636, if any	**5**	1000000	
6	Add column B amounts *(include any amount from line 5)*	**6**	1000000	
7	Subtract 500,000 from line 6	**7**	500000	
8	Enter the lesser of line 7 or 15,000,000 *(see instructions)*	**8**	500000	
9	Total credit for gallons produced in New York State in excess of 500,000 *(multiply line 8 by .045)*			**9** 22500.00
10	Add lines 4 and 9			**10** 92500.00

Individuals and partnerships: Enter the line 10 amount on line 15.
Fiduciaries: Include the line 10 amount on the *Total* line of Schedule E, column C.

636001120099

Schedule C – Partnership, S corporation, estate, and trust information *(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 beer production credit from that entity, complete the following information for each partnership, New York S corporation, estate or trust. For *Type*, enter ***P*** for partnership, ***S*** for S corporation, or ***ET*** for estate or trust.

Name of entity	Type	Employer identification number

Schedule D – Partner's, shareholder's, or beneficiary's share of credit *(see instructions)*

Partner	**11**	Enter your share of credit from your partnership	**11**	.00
S corporation shareholder	**12**	Enter your share of credit from your S corporation	**12**	.00
Beneficiary	**13**	Enter your share of credit from the estate or trust	**13**	.00
	14	**Total** *(add lines 11, 12, and 13)*	**14**	.00

Fiduciaries: Include the line 14 amount in the *Total* line of Schedule E, column C.
All others: Enter the line 14 amount on line 16.

Schedule E – Beneficiary's and fiduciary's share of credit *(see instructions)*

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	**B** Identifying number	**C** Share of credit
Total *(fiduciaries, enter the amount from line 10* ***plus*** *the amount from line 14)*		.00
		.00
		.00
Fiduciary		.00

Schedule F – Computation of credit *(see instructions)*

Individuals and partnerships	**15**	Enter the amount from line 10	**15**	92500 .00
Partners, S corporation shareholders, beneficiaries	**16**	Enter the amount from line 14	**16**	.00
Fiduciaries	**17**	Enter the amount from Schedule E, column C, *Fiduciary* line..	**17**	.00
	18	**Total credit** *(add lines 15, 16 and 17)*	**18**	92500 .00

636002120099

New York State Department of Taxation and Finance

New York Corporate Partner's Schedule K-1

Tax Law – Article 9-A

IT-204-CP

2012

☒ **Final K-1**

☐ **Amended K-1**

For calendar year 2012 or tax year beginning 12 **and ending**

Partners: Before completing your franchise tax return, see Form IT-204-CP-I, *Partner's Instructions for Form IT-204-CP* (available at ***www.tax.ny.gov***).

Partnership's information

Partnership's name (as shown on Form IT-204)	Partnership's EIN
Test V-1204	115365910

A Mark an ***X*** in the box if either applies to your entity ☐ Publicly traded partnership ☐ Portfolio investment partnership

B Tax shelter registration number, if any ..... **B** 98765432134

Partner's information *(see instructions)*

Partner's name			Partner's EIN
CP1 V-1204			115365916
Partner's address			
CP1 V-1204 Main Street			
City	State	ZIP code	
Albany	NY	12211	

C The partner is a *(mark an **X** in the appropriate box)* ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

D What is the New York tax filing status of the partner? *(Mark an **X** in the appropriate box, if known.)* ☐ C corporation ☒ S corporation

E If the partner is a disregarded entity, enter the EIN of the entity reporting the income (if known)..... **E**

F Did the partner sell its entire interest during the tax year? ..... **F** Yes ☐ No ☒

G Partner's share of profit, loss, and capital

		Beginning	Ending
1) Profit	G1	60.00 %	60.00 %
2) Loss	G2	60.00 %	60.00 %
3) Capital	G3	60.00 %	60.00 %

H Partner's share of liabilities at the end of the year

1) Nonrecourse	H1	10260
2) Qualified nonrecourse financing	H2	
3) Recourse	H3	93637

I Partner's capital account analysis

1) Beginning capital account	I1	810
2) Capital contributed during the year – cash	I2	3600
3) Capital contributed during the year – property	I3	1500
4) Current year increase (decrease)	I4	160060
5) Withdrawals and distributions – cash	I5	4410
6) Withdrawals and distributions – property	I6	2100
7) Ending capital account	I7	159460

8) Method of accounting *(mark an **X** in the appropriate box)*

☒ Tax basis ☐ GAAP ☐ Book ☐ Other *(submit explanation)*

117001120099

J Was Form CT-2658-E filed with the partnership? ..... **J** Yes ☐ No ☒

K NYS estimated tax paid on behalf of partner *(from Form CT-2658)*

		Date	Amount
1) First installment	**K1**		
2) Second installment	**K2**		
3) Third installment	**K3**		
4) Fourth installment	**K4**		
Total NYS estimated tax paid on behalf of partner *(add lines K1 through K4)*	**K**		

Partner's share of entire net income (ENI) and minimum taxable income (MTI) information *(see instructions)*

ENI and MTI additions

1	Tax-exempt interest	**1**	375
2	Federal depreciation	**2**	
3	Other state and local taxes	**3**	
4	Taxes paid to the U.S., possessions of the U.S., or foreign countries	**4**	
5	Taxes related to the farmers' school tax credit	**5**	4500
6	Special additional mortgage recording tax credit	**6**	
7	Other additions	**7**	

Identify:

ENI and MTI subtractions

8	Dividends received	**8**	
9	Foreign dividends gross-up	**9**	
10	Allowable New York depreciation	**10**	179
11	Other subtractions	**11**	

Identify:

Partner's proportionate part of assets and liabilities *(see instructions)*

			A Average value New York State		B Average value everywhere
12	Total assets	**12**		**12**	218201
13	Real property and marketable securities included on line 12, column B			**13**	
14	Real property and marketable securities at fair market value (FMV)			**14**	
15	Total liabilities			**15**	138067

Partner's proportionate part of stocks, bonds, and other securities *(see instructions)*

16	Total average value of stocks, bonds, and other securities	**16**	
17	Total liabilities directly attributable to stocks, bonds, and other securities	**17**	
18	Total average value of cash on hand and on deposit	**18**	
19	Total liabilities directly attributable to cash on hand and on deposit	**19**	

117002120099

Partner's share of income from stocks, bonds, and other securities *(see instructions)*

20	Interest income from corporate and governmental debt instruments	**20**	
21	Interest income from bank accounts	**21**	
22	All other interest income from stocks, bonds, and other securities	**22**	
23	Dividend income from stocks, bonds, and other securities	**23**	
24	Net capital gain or loss from stocks, bonds, and other securities	**24**	
25	Income from stocks, bonds, and other securities other than interest, dividends, capital gains, or capital losses	**25**	
26	Interest deductions directly attributable to stocks, bonds, and other securities	**26**	
27	Noninterest deductions directly attributable to stocks, bonds, and other securities	**27**	
28	Total interest deductions	**28**	420
29	Total noninterest deductions	**29**	14469

Partner's share and proportionate part of the business allocation percentage information and Metropolitan Commuter Transportation District (MCTD) allocation percentage information *(see instructions)*

30a During the reporting year, did the partnership do business, employ capital, own or lease property, or maintain an office in New York State? *(Mark an **X** in the appropriate box.)* Yes ☒ No ☐

30b During the reporting year, did the partnership do business, employ capital, own or lease property, or maintain an office in the MCTD? *(Mark an **X** in the appropriate box.)* Yes ☒ No ☐

Average value of property		A MCTD	B New York State	C Everywhere
31 Adjusted basis of real estate owned	**31**		3000	6000
32 FMV of real estate owned	**32**		6000	12000
33 Real estate rented	**33**	207000	240000	336000
34 Adjusted basis of inventories owned	**34**		2400	3000
35 FMV of inventories owned	**35**		4800	6000
36 Adjusted basis of tangible personal property owned	**36**			
37 FMV of tangible personal property owned	**37**			
38 Tangible personal property rented	**38**			

Receipts in the regular course of business from:		A MCTD	B New York State	C Everywhere
39 Sales of tangible personal property	**39**		30000	45000
40 Services performed	**40**			
41 Rentals of property	**41**			
42 Royalties	**42**	150	150	150
43 Other business receipts	**43**	15600	15600	15600

Payroll		A MCTD	B New York State	C Everywhere
44 Wages and other compensation of employees, except employees having partnership-wide authority	**44**	3000	15000	30000
45 Number of employees	**45**			

117003120099

Partner's share and proportionate part of receipts and qualified manufacturing property *(see instructions)*

46	New York receipts	**46**	76487
47	Total receipts from the sale of goods by manufacturing	**47**	4700
48	Total receipts from the lending of funds	**48**	4800
49	Adjusted basis of qualified manufacturing property	**49**	

Partner's share of New York modifications *(for New York S corporations only)*

50 New York State additions

	Number	A – Total amount
50a	**E A –** 2	1200
50b	**E A –** 16	628
50c	**E A –**	
50d	**E A –**	
50e	**E A –**	
50f	**E A –**	

51 Total addition modifications *(total of column A, lines 50a through 50f)* **51** 1828

52 New York State subtractions

	Number	A – Total amount
52a	**E S –** 1	600
52b	**E S –** 21	179
52c	**E S –**	
52d	**E S –**	
52e	**E S –**	
52f	**E S –**	

53 Total subtraction modifications *(total of column A, lines 52a through 52f)* **53** 779

54 Additions to federal itemized deductions

	Letter	Amount
54a		
54b		
54c		
54d		
54e		
54f		

55 Total additions to federal itemized deductions *(add lines 54a through 54f)* **55**

(continued)

Partner's share of New York modifications *(for New York S corporations only) (continued)*

56 Subtractions from federal itemized deductions

	Letter	Amount
56a		
56b		
56c		
56d		
56e		
56f		

57 Total subtractions from federal itemized deductions *(add lines 56a through 56f)*	**57**	
58 New York adjustments to tax preference items	**58**	

Partner's share of income, deductions, etc. *(from federal Form 1065, Schedule K-1)*

Partner's distributive share items

59 Ordinary business income (loss)	**59**	43084
60 Net rental real estate income (loss)	**60**	540
61 Other net rental income (loss)	**61**	
62 Guaranteed payments	**62**	6600
63 Interest income	**63**	6870
64 Ordinary dividends	**64**	
65 Royalties	**65**	7200
66 Net short-term capital gain (loss)	**66**	
67 Net long-term capital gain (loss)	**67**	
68 Net section 1231 gain (loss)	**68**	24000
69 Other income (loss)	**69**	3000
Identify: Description of line 69 on IT-204-CP		
70 Section 179 deduction	**70**	
71 Other deductions *(see instructions)*	**71**	2100
Identify: Description of line 71 on IT-204-CP		
72 Tax preference items for minimum tax	**72**	414
Identify: Description of line 72 on IT-204-CP		
73 Tax-exempt income and nondeductible expenses *(see instructions)*	**73**	375
74 Distributions – cash and marketable securities	**74**	4410
75 Distributions – other property	**75**	2100
76 Other items not included above that are required to be reported separately to partners	**76**	16170
Identify: Description of line 73 on IT-204-CP		

Partner's credit information

Part 1 – Flow-through credit bases and factors

Brownfield redevelopment tax credit *(Form CT-611 or Form CT-611.1)*

		A – Form CT-611		B – Form CT-611.1
77 Site preparation cost	**77**	5000	**77**	1000
78 Tangible property cost	**78**	10000	**78**	2000
79 On-site groundwater remediation cost	**79**	15000	**79**	3000

117005120099

Partner's credit information *(continued)*

EZ capital tax credit *(Form CT-602)*

80	Contributions of money to EZ community development projects	**80**	15000
81	Recapture of credit for investments in certified EZ businesses	**81**	
82	Recapture of credit for contributions of money to EZ community development projects	**82**	

QEZE tax reduction credit *(Form CT-604-CP)*

83	QEZE employment increase factor	**83**	1.0000
84	QEZE zone allocation factor	**84**	0.4779
85	QEZE benefit period factor	**85**	1.0

Excelsior jobs program tax credit *(Form CT-607)*

86	Excelsior jobs tax credit component	**86**	
87	Excelsior investment tax credit component	**87**	
88	Excelsior research and development tax credit component	**88**	
89	Excelsior real property tax credit component	**89**	

Farmers' school tax credit *(Form CT-47)*

90	Acres of qualified agricultural property	**90**	300
91	Acres of qualified conservation property	**91**	
92	Eligible school district property taxes paid	**92**	4500
93	Acres of qualified agricultural property converted to nonqualified use	**93**	

Other flow-through credit bases and factors

Credit bases

	Code	Amount		Code	Amount
94a			**94d**		
94b			**94e**		
94c			**94f**		

Credit factors

	Code	Factor		Code	Factor		Code	Factor
94g			**94i**			**94k**		
94h			**94j**			**94l**		

Part 2 – Flow-through credits, addbacks, and recaptures

95 Flow-through credits

	Code	Amount		Code	Amount
95a	161	96600	**95e**	163	27900
95b	256	4500	**95f**	634	600
95c	302	27000	**95g**	635	600
95d	166	54000	**95h**	636	55500

96 Addbacks of credits and recaptures

	Code	Amount		Code	Amount
96a	212	8	**96d**		
96b			**96e**		
96c			**96f**		

117006120099

New York State Department of Taxation and Finance

New York Partner's Schedule K-1

Tax Law – Article 22 (Personal Income Tax)

IT-204-IP

2012

For calendar year 2012 or tax year beginning 12 **and ending**

☒ **Final K-1**

☐ **Amended K-1**

Partners: Before completing your income tax return, see Form IT-204-IP-I, *Partner's Instructions for Form IT-204-IP* (available at ***www.tax.ny.gov***).

Partnership's information *(see instructions)*

Partnership's name (as shown on Form IT-204)	Partnership's EIN
Test V-1204	115365910

A Mark an ***X*** in the box if either applies to your entity ☐ Publicly traded partnership ☐ Portfolio investment partnership

B Tax shelter registration number, if any ..... **B** 98765432134

C Business allocation percentage ..... **C** 62 5990 %

Partner's information *(see instructions)*

Partner's name	Partner's identifying number
IP1 V-1204	115364119

Partner's address		
IP1 V-1204		
City	State	ZIP code
Albany	NY	12211

D The partner is a *(mark an **X** in the appropriate box)* ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

E What is the tax filing status of the partner? *(Mark an **X** in the appropriate box, if known.)* ☐ Individual ☐ Estate/trust ☒ Partnership

F If the partner is a disregarded entity or grantor trust, enter the tax ID of the entity or individual reporting the income, if known ..... **F** 115365917

G Did the partner sell its entire interest during the tax year? ..... **G** Yes ☐ No ☒

H Partner's share of profit, loss, and capital

		Beginning	Ending
1) Profit	H1	40.00 %	40.00 %
2) Loss	H2	40.00 %	40.00 %
3) Capital	H3	40.00 %	40.00 %

I Partner's share of liabilities at the end of the year

1) Nonrecourse	I1	6840
2) Qualified nonrecourse financing	I2	
3) Recourse	I3	62424

J Partner's capital account analysis

1) Beginning capital account	J1	540
2) Capital contributed during the year – cash	J2	2400
3) Capital contributed during the year – property	J3	1000
4) Current year increase (decrease)	J4	106706
5) Withdrawals and distributions – cash	J5	2940
6) Withdrawals and distributions – property	J6	1400
7) Ending capital account	J7	106306

8) Method of accounting *(mark an **X** in the appropriate box)*

☒ Tax basis ☐ GAAP ☐ Book ☐ Other *(submit explanation)*

K Resident status *(mark an **X** in all boxes that apply)*

☒ NYS full-year resident ☐ Yonkers full-year resident ☐ NYC full-year resident

☐ NYS part-year resident ☐ Yonkers part-year resident ☐ NYC part-year resident

☐ NYS nonresident ☒ Yonkers nonresident

L If the partner was included in a group return, enter the special NYS identification number, if known ..... **L**

118001120099

M 1) Was Form IT-2658-E filed with the partnership? ..... **M1** Yes ☐ No ☒
2) Was Form MTA-405-E filed with the partnership? ..... **M2** Yes ☐ No ☒

N NYS estimated tax paid on behalf of partner *(from Form IT-2658)*

		Date	Amount
1) First installment	**N1**		
2) Second installment	**N2**		
3) Third installment	**N3**		
4) Fourth installment	**N4**		
Total NYS estimated tax paid on behalf of partner *(add lines N1 through N4)*	**N**		

O Estimated MCTMT paid on behalf of partner *(from Form MTA-405)*

		Date	Amount
1) First installment	**O1**	01-01-2011	111
2) Second installment	**O2**	04-01-2011	222
3) Third installment	**O3**	07-01-2011	333
4) Fourth installment	**O4**	10-01-2011	444
Total estimated MCTMT paid on behalf of partner *(add lines O1 through O4)*	**O**		1110

Partner's share of income, deductions, etc.

	A – Partner's distributive share items		**B –** Federal K-1 amount		**C –** New York State amount
1	Ordinary business income (loss)	**1**	28722	**1**	17980
2	Net rental real estate income (loss)	**2**	360	**2**	225
3	Other net rental income (loss)	**3**		**3**	
4	Guaranteed payments	**4**	4400	**4**	2754
5	Interest income	**5**	4580	**5**	2867
6	Ordinary dividends	**6**		**6**	
7	Royalties	**7**	4800	**7**	3005
8	Net short-term capital gain (loss)	**8**		**8**	
9	Net long-term capital gain (loss)	**9**		**9**	
10	Net section 1231 gain (loss)	**10**	16000	**10**	10016
11	Other income (loss) *Identify:* Description of line 11	**11**	2000	**11**	1252
12	Section 179 deduction	**12**		**12**	
13	Other deductions *Identify:* Description of Line 13	**13**	1400	**13**	876
14	Tax preference items for minimum tax *Identify:* Description of line 14 on IT-204-IP	**14**	276	**14**	173
15	Net earnings (loss) from self-employment	**15**	32802	**15**	20534
16	Tax-exempt income and nondeductible expenses	**16**	250	**16**	156
17	Distributions – cash and marketable securities	**17**	2940	**17**	1840
18	Distributions – other property	**18**	1400	**18**	876
19	Other items not included above that are required to be reported separately to partners *Identify:* Description of line 19 on IT-204-IP	**19**	10780	**19**	6748

Partner's share of New York modifications *(see instructions)*

20 New York State additions

	Number	A – Total amount	B – New York State allocated amount
20a	**EA –** 2	800	501
20b	**EA –** 16	418	262
20c	**EA –**		
20d	**EA –**		
20e	**EA –**		
20f	**EA –**		

21 Total addition modifications *(total of column A, lines 20a through 20f)* **21** 1218

118002120099

Partner's share of New York modifications *(continued)*

22 New York State subtractions

	Number	A – Total amount	B – New York State allocated amount
22a	ES – 1	400	400
22b	ES – 21	120	120
22c	ES –		
22d	ES –		
22e	ES –		
22f	ES –		

23 Total subtraction modifications *(total of column A, lines 22a through 22f)* **23** 520

24 Additions to federal itemized deductions

	Letter	Amount
24a		
24b		
24c		
24d		
24e		
24f		

25 Total additions to federal itemized deductions *(add lines 24a through 24f)* **25**

26 Subtractions from federal itemized deductions

	Letter	Amount
26a		
26b		
26c		
26d		
26e		
26f		

27 Total subtractions from federal itemized deductions *(add lines 26a through 26f)* **27**

28 New York adjustments to tax preference items **28**

Partner's other information

29a Partner's share of New York source gross income **29a** 74682

29b MCTD allocation percentage *(see instructions)* ..... **29b** % 35 00

Partner's credit information

Part 1 – Flow-through credit bases and factors

Brownfield redevelopment tax credit *(Form IT-611or IT-611.1)*

		A – Form IT-611		B – Form IT-611.1
30 Site preparation credit component	30	2500	30	1500
31 Tangible property credit component	31	4500	31	3500
32 On-site groundwater remediation credit component	32	7500	32	4500

118003120099

Partner's credit information *(continued)*

EZ capital tax credit *(Form IT-602)*

33	Contributions of money to EZ community development projects	**33**	10000
34	Recapture of credit for investments in certified EZ businesses	**34**	
35	Recapture of credit for contributions of money to EZ community development projects	**35**	

QEZE tax reduction credit *(Form IT-604)*

36	QEZE employment increase factor	**36**	1.0000
37	QEZE zone allocation factor	**37**	0.4779
38	QEZE benefit period factor	**38**	1.0

Excelsior jobs program tax credit *(Form IT-607)*

39	Excelsior jobs tax credit component	**39**	
40	Excelsior investment tax credit component	**40**	
41	Excelsior research and development tax credit component	**41**	
42	Excelsior real property tax credit component	**42**	

Farmers' school tax credit *(Form IT-217)*

43	Acres of qualified agricultural property	**43**	200
44	Acres of qualified conservation property	**44**	
45	Eligible school district property taxes paid	**45**	3000
46	Acres of qualified agricultural property converted to nonqualified use	**46**	

Other flow-through credit bases and factors

Credit bases

	Code	Amount		Code	Amount
47a			**47d**		
47b			**47e**		
47c			**47f**		

Credit factors

	Code	Factor		Code	Factor		Code	Factor
47g			**47i**			**47k**		
47h			**47j**			**47l**		

Part 2 – Flow-through credits, addbacks and recaptures

48	Long-term care insurance credit *(Form IT-249)*	**48**	1000
49	Investment credit *(including employment incentive credit and historic barn rehabilitation credit; Form IT-212)*	**49**	23819
50	Research and development – investment credit *(Form IT-212)*	**50**	

51 Other flow-through credits

	Code	Amount		Code	Amount
51a	161	64400	**51e**	163	18600
51b	256	3000	**51f**	634	400
51c	302	18000	**51g**	635	400
51d	166	36000	**51h**	636	37000

52 Addbacks of credits and recaptures

	Code	Amount		Code	Amount
52a	212	6	**52d**		
52b			**52e**		
52c			**52f**		

118004120099

New York State Department of Taxation and Finance

2012

Yonkers Nonresident Partner Allocation

Y-204

Name (as shown on Form IT-204)	Employer identification number
Test V-1204	115365910

Part 1

Number of Yonkers nonresident partners	2

Part 2

	A Total amount of net earnings (loss) from self-employment reported on federal Form 1065, Schedule K, or federal Form 1065-B, Schedule K	B Total Yonkers amount
Partnership's net earnings from self-employment	32915 .00	95 .00

Part 3 – Formula basis allocation of income (if books do not reflect income earned in Yonkers)

(see instructions on back)

Items used as factors		A Totals - in and out of Yonkers	B Yonkers amounts	C Percent column B is of column A
1 Real property owned	1	10000 .00	5000.00	
2 Real property rented from others	2	560000 .00	.00	
3 Tangible personal property owned	3	5000 .00	.00	
4 **Property percentage** *(add lines 1, 2, and 3; see instructions)*	4	575000 .00	5000 .00	0.87 %
5 **Payroll percentage** *(see instructions)*	5	50000 .00	.00	%
6 **Gross income percentage** *(see instructions)*	6	75000 .00	.00	%
7 Total of percentages *(add column C, lines 4, 5, and 6)*			7	0.87 %
8 **Business allocation percentage** *(divide line 7 by three, or by actual number of percentages if less than three)*			8	0.29 %

- This form, when complete, constitutes the return required under the Yonkers local law.
- **Submit this form with Form IT-204, *Partnership Return*.**

247001120099

Instructions

General information

Who must file

Every partnership doing business in Yonkers and having a partner who is a nonresident of Yonkers must complete Form Y-204. Submit Form Y-204 with your Form IT-204, ***Partnership Return***.

A partnership is *doing business in Yonkers* if:

– it maintains or operates in Yonkers an office, a shop, a store, a warehouse, a factory, an agency, or other place where its affairs are systematically and regularly carried on; or

– it performs a series of acts or transactions in Yonkers with regularity and continuity for livelihood or profit, as distinguished from isolated or incidental transactions.

See the instructions for your tax return for the *Privacy notification* or if you need help contacting the Tax Department.

Specific instructions

Enter the partnership name and employer identification number in the spaces provided.

Part 1 – Enter in this part the number of partners who are nonresidents of Yonkers.

Part 2 Column A – Enter in this column the total amount of net earnings from self-employment of the partnership as reported on federal Form 1065, Schedule K, or federal Form 1065-B, Schedule K.

Part 2 Column B – Enter in this column the amount of net earnings from self-employment from Yonkers. If the partnership carries on a business both in and out of Yonkers and maintains records from which the Yonkers income can be determined, enter in this column the net earnings from self-employment derived from Yonkers sources as determined from the books of account (submit a computation).

A partnership carrying on business in and out of Yonkers that does not maintain books and records from which the Yonkers net earnings from self-employment can be determined must use the business allocation percentage computed in Part 3, line 8.

Part 3 – Complete Part 3 if the partnership carries on business both in and out of Yonkers but does not maintain books and records from which the Yonkers net earnings from self-employment can be determined.

Even though Part 3 may not fairly and equitably reflect the income from Yonkers and an authorized alternate allocation method is used, Part 3 must still be completed. A detailed explanation of the authorized alternate method used to determine the Yonkers income must be submitted with full details of any changes increasing or decreasing the amount of Yonkers income computed by the authorized alternate method.

Property percentage – lines 1, 2, 3, and 4

Compute the average value of real and tangible personal property connected with the partnership by completing lines 1, 2, 3, and 4.

Line 1 Real property owned – Enter in column A the average value of all real property owned by the business. Enter in column B the average value of real property located within Yonkers.

The average value of the property is determined by (1) adding its adjusted basis at the beginning of the tax year to its adjusted basis at the end of the tax year and (2) dividing by two.

Line 2 Real property rented from others – The value of real property rented to the business and to be included in line 2 is eight times the gross rent payable during the tax year for which the return is filed. However, if a building is erected on leased land by or on behalf of the business, the value of the building is determined in the same manner as if it were owned by the business.

The term *gross rent* includes any amount payable for the use or possession of real property, or any part thereof, whether designated as a fixed sum of money or as a percentage of sales, profits, or otherwise; any amount payable as additional rent, or in lieu of rent, such as interest, taxes, insurance, repairs, or any other amount required to be paid by the terms of a lease or other agreement; and a portion of the cost of any improvement to real property made by or on behalf of the business that reverts to the owner or lessor upon termination of a lease or other arrangement.

Line 3 Tangible personal property owned – Enter in column A the average value (determined in accordance with the instructions for line 1) of all tangible personal property (including any inventory) owned by the business. Enter in column B the average value of tangible personal property located in Yonkers.

Line 4 Property percentage – Add lines 1, 2, and 3 in columns A and B, and enter the total on line 4. Divide the column B total by the column A total and round the result to the fourth decimal place. For example, if the total in column A is $15,000 and the total in column B is $10,000, divide $10,000 by the $15,000 and enter the result (.6667) as a percentage (66.67%) in column C.

Line 5 Payroll percentage – The amounts to be entered on line 5 include wages and other personal service compensation paid only to **employees** of the partnership. Do not include payments to nonemployees such as independent contractors and independent sales agents. Enter on line 5 in column A the total wages and personal service compensation paid to employees during the tax year for partnership operations carried on both in and out of Yonkers. Enter on line 5 in column B the amount of that pay for operations carried on in Yonkers. Operations are considered to be carried on in Yonkers if the employee works in or travels out of an office or other place of business located in Yonkers. If on Form IT-204, Section 8, line 109 you subtracted an amount based on wages not allowed because of a federal credit under IRC section 280C, this change should be reflected here in wages and salaries paid during the year. Divide the column B total by the column A total. Round the result to the fourth decimal place and enter it as a percentage in column C.

Line 6 Gross income percentage – The amount to be entered on line 6 in column A is total gross sales made or charges for services performed by the partners or by employees, agents, agencies, or independent contractors of the partnership in and out of Yonkers. The amount to be entered on line 6 in column B is the part of total gross sales or charges that represents sales made or services performed by or through an agency in Yonkers. This includes sales made or services performed by employees, agents, agencies, or independent contractors situated at, connected with, or sent out from offices of the partnership (or its agencies) located in Yonkers.

Note to paid preparers – Paid preparers may be subject to a penalty for failure to conform to certain requirements. For more information see Form IT-204-I, *Instructions for Form IT-204*.