Department of Taxation and Finance

Partnership MeF Acceptance Testing for Tax Year 2015

TEST NUMBER: 1507

Forms Included: IT-204, IT-204-IP, IT-236, IT-607, IT-611, IT-611.1, IT-611.2(to be added in a later revision), IT-612, IT-636, IT-640

Test Notes: IT-204 with multiple IT-204-IP

Return specific information: EIN 002xx1507* is a Limited Liability Partnership, calendar year filer. *Assume 100% of business is done in NYS*. This entity began business 3/5/2004. The attached forms should not be considered to be complete. You must complete the return as required to successfully e-file. Paid-preparer information is provided. Your submissions must include complete paid preparer information. Some forms may require additional information to be included. See Publication 97 for additional information in regards to attaching forms and/or federal return information.

*Software vendors will be provided with a two-digit sequence to replace "xx" in the ID field. Vendors will be notified by e-mail.

Self-filer information: If your software **only** supports "self-filed" returns, omit the paid-preparer information shown on the form and use the following self-filer information: Gordon Howser, e-mail GordyHouse@NSLI.com, phone 518-867-5309, sign date 3/15/2016. If you send a submission as "self-filed" please notify us in your e-mail specifically which submissions are "self-filed".

Revisions: 12/4/2015- IT-611 Schedule A, Item C updated DER site number to DER2006157(removed dashes). Part 3, column A item is now "RUNOFF COLLECTION"(previously RUNOFF COLLECTION SYSTEM). IT-611.1 Schedule A, item C updated DER site number to DER2008006(removed dashes). Schedule B, Part 2 column A item is now "DRAINAGE SYSTEM"(previously "DRAINAGE SYSTEM SUPPLIES") Cover- added info regarding percentage of business done in NYS.

You must complete all forms as necessary. Do not assume forms included in this packet are complete. You must complete calculations and carryovers between forms as required.

NEW YORK STATE 2015

Department of Taxation and Finance

Partnership Return

IT-204

See the instructions, Form IT-204-I.

For calendar year 2015 or tax year beginning 15 and ending

Legal name	Employer identification number (EIN)
NATIONAL SHINNY LEAGUE INTERNATIONAL, LLP	002XX1507
Trade name of business if different from legal name above: NATIONAL SHINNY LEAGUE	**NYS** principal business activity: HOCKEY

Address *(number and street or rural route)*	City, village, or post office	NAICS business code number *(from **NYS Pub 910**)*
678 SUBTERRANIAN DRIVE	ALBANY	333310

State	ZIP code	Country	Principal product or service	Date business started
NY	12206-1237	US	ENTERTAINMENT	

Section 1 – Partnership information

Special conditions for filing your 2015 tax return *(see instr)* .....

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 [X] 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 [X]

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) 2013? **E1** Yes [X] No ☐ ..... 2) 2014? **E2** Yes [X] No ☐

If *No*, state reason:

F Number of partners

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

2) Article 9-A **F2**

3) Other **F3**

4) Total **F4**

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

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

2) Withholding tax Yes ☐ No [X] ..... *(if Yes, enter ID number)* **G2**

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

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

J Did the partnership engage in a like-kind transaction under IRC 1031 during the tax year?..... **J** Yes ☐ No [X]

K Did the partnership sell property during the tax year that had a deferred gain from a previous IRC 1031 or IRC 1033 transaction? *(see instr.)* **K** Yes ☐ No [X]

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

M Did the partnership make an election under IRC 754? ..... **M** Yes ☐ No [X]

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

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 [X]

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 [X]

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

Third-party designee? *(see instr.)* Yes ☐ No ☐	Print designee's name	Designee's phone number ( )	Personal identification number (PIN)
	E-mail:		

▼ **Paid preparer must complete** *(see instr.)* ▼	Date 3/15/2016
Preparer's signature WILLARD WHYTE	Preparer's NYTPRIN 12321552
Firm's name *(or yours, if self-employed)* WHYTE HOUSE ACCOUNTING	Preparer's PTIN or SSN 002321581
Address 157 RIVERSIDE AVE	Employer identification number 002321597
ALBANY NY 12205-1760	NYTPRIN excl. code
E-mail: DICKHERTZ@FASTTAXPREP.COM	

▼ **Sign here** ▼	
Signature of general partner SEE COVER LETTER FOR INFORMATION	
Date	Daytime phone number ( )
E-mail:	

204001150099

Mail your return to: **STATE PROCESSING CENTER, PO BOX 4149, BINGHAMTON NY 13902-4149.**

Section 2 – Federal ordinary business income (loss)

Part 1 – Income from federal Form 1065

1	Gross receipts or sales	1	189,753	
2	Returns and allowances	2		
3	Subtract line 2 from line 1			3
4	Cost of goods sold			4
5	Gross profit *(subtract line 4 from line 3)*			5
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
8	Net gain (loss) from federal Form 4797, Part II, line 17 *(submit federal Form 4797)*			8
9	Other income (loss) *(submit statement)*			9
10	Total income (loss) *(combine lines 5 through 9)*			10

Part 2 – Deductions from federal Form 1065

11	Salaries and wages (other than to partners) (less employment credits)			11	33,607
12	Guaranteed payments to partners			12	
13	Repairs and maintenance			13	
14	Bad debts			14	
15	Rent			15	41,940
16	Taxes and licenses			16	
17	Interest			17	
18	Depreciation *(if required, submit federal Form 4562)*	18			
19	Depreciation reported on federal Form 1125-A and elsewhere on return	19			
20	Subtract line 19 from line 18			20	
21	Depletion *(do not deduct oil and gas depletion)*			21	
22	Retirement plans, etc			22	
23	Employee benefit programs			23	
24	Other deductions *(submit statement)*			24	81,237
25	Total deductions *(add lines 11 through 17* ***and*** *lines 20 through 24)*			25	
26	Ordinary business income (loss) *(subtract line 25 from line 10)*			26	

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

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

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

[X] Cost [ ] Lower of cost or market

[ ] Other *(specify method used and explain)* _____

36 Was there a writedown of *subnormal* goods? Yes [ ] No [X]

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

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

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 [X]

If *Yes*, explain _____

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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**				
41 Trade notes and accounts receivable	**41**				
42 Less allowances for bad debts	**42**				
43 Inventories	**43**				
44 U.S. government obligations	**44**				
45 Tax-exempt securities	**45**				
46 Other current assets *(submit statement)*	**46**				
47a Loans to partners (or persons related to partners)	**47a**				
47b Mortgage and real estate loans	**47b**				
48 Other investments *(submit statement)*	**48**				
49 Buildings and other depreciable assets	**49**				
50 Less accumulated depreciation	**50**				
51 Depletable assets	**51**				
52 Less accumulated depletion	**52**				
53 Land (net any amortization)	**53**				
54 Intangible assets (amortizable only)	**54**				
55 Less accumulated amortization	**55**				
56 Other assets *(submit statement)*	**56**				
57 Total assets	**57**				

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**				
59 Mortgages, notes, bonds payable in less than one year	**59**				
60 Other current liabilities *(submit statement)*	**60**				
61 All nonrecourse loans	**61**				
62a Loans from partners (or persons related to partners)	**62a**				
62b Mortgages, notes, bonds payable in one year or more	**62b**				
63 Other liabilities *(submit statement)*	**63**				
64 Partners' capital accounts	**64**				
65 Total liabilities and capital	**65**				

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**	
67	Income included on return not recorded on books this year, from Schedule M-1, line 2	**67**	
	Identify:		
68	Guaranteed payments (other than health insurance)	**68**	
69	Expenses recorded on books this year not included on return, from Schedule M-1, line 4	**69**	
	Identify:		
70	Add lines 66 through 69	**70**	
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**	

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

75	Balance at beginning of year	**75**	42,500
76	Capital contributed – cash	**76**	10,500
77	Capital contributed – property	**77**	
78	Net income (loss) per books	**78**	
79	Other increases	**79**	275
	Identify: TIPS		
80	Add lines 75 through 79	**80**	
81	Distributions – cash	**81**	6,500
82	Distributions – property	**82**	
83	Other decreases	**83**	
	Identify:		
84	Add lines 81, 82, and 83	**84**	
85	Balance at end of year *(subtract line 84 from line 80)*	**85**	

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

Partners' distributive share items

86	Ordinary business income (loss)	86	
87	Net rental real estate income (loss) *(submit federal Form 8825)*	87	
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	
91	Interest income	91	
92	Ordinary dividends	92	
93	Royalties	93	
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	
97	Other income (loss) *(see instructions)*	97	
	Identify:		
98	Section 179 deduction *(submit federal Form 4562)*	98	
99	Other deductions *(see instructions)*	99	480
	Identify: CASH CONTRIBUTION		
100	This line intentionally left blank	100	
101	Net earnings (loss) from self-employment	101	32,969
102	Tax-exempt income and nondeductible expenses *(see instructions)*	102	3,069
103	Distributions – cash and marketable securities	103	
104	Distributions – other property	104	
105	Other items not included above that are required to be reported separately to partners *(see instr.)*	105	
	Identify:		

Analysis of net income (loss)

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

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						

You must calculate values for "Analysis by type of partner"

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

107 This line intentionally left blank

108 Total addition modifications *(from Form IT-225, line 9)* **108**

109 This line intentionally left blank

110 Total subtraction modifications *(from Form IT-225, line 18)* **110**

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 This line intentionally left blank **115**

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Section 9 – Other information

116a	New York source gross income *(see instructions)*	**116a**	
116b	MCTD allocation percentage *(see instructions)*	**116b**	%
116c	Total receipts from the sales of goods by manufacturing	**116c**	
116d	Adjusted bases of qualified manufacturing property	**116d**	

117a Did the partnership sell assets subject to IRC 1060? Yes ☐ No ■

117b If the partnership filed a group return on behalf of any nonresident partners, enter the special NYS identification number **117b**

117c 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)*

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**	**119**	
120 Real property rented from others	**120**	**120**	
121 Tangible personal property owned	**121**	**121**	
122 **Property percentage** *(add lines 119, 120, and 121; see instr.)*	**122**	**122**	**122** %
123 **Payroll percentage** *(see instr.)*	**123**	**123**	**123** %
124 **Gross income percentage** *(see instr.)*	**124**	**124**	**124** %
125 Total of percentages *(total column C, lines 122, 123, and 124)*			**125** %
126 **Business allocation percentage** *(divide line 125 by three or by actual number of percentages if less than three)*			**126** %

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

Has the partnership (or an entity of which the partnership is an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government,* or *Defrauding the Government* (NYS Penal Law Article 200 or 496, or section 195.20)? Yes ☐ No ■

Section 11 *(continued)*

Part 1 – Flow-through credit bases and information

Brownfield redevelopment tax credit *(Form IT-611, IT-611.1, and/or IT-611.2)*

127	Site preparation credit component	**127**	
128	Tangible property credit component	**128**	
129	On-site groundwater remediation credit component	**129**	

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

130	This line intentionally left blank	**130**	
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**	
134	QEZE zone allocation factor	**134**	
135	QEZE benefit period factor	**135**	

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

Other flow-through credit bases and information

Credit bases

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

Credit information

	Code	Information		Code	Information
144g			**144j**		
144h			**144k**		
144i			**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**	
146b	Research and development – investment credit *(Form IT-212)*	**146b**	

147 Other flow-through credits

	Code	Amount		Code	Amount
147a			**147e**		
147b			**147f**		
147c			**147g**		
147d			**147h**		

148 Addbacks of credits and recaptures

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

Part 3 – START-UP NY tax elimination credit information *(Form IT-638)*

149	START-UP NY business certificate number *(Form DTF-74)*	**149**	
150	Year of START-UP NY business tax benefit period	**150**	
151	START-UP NY area allocation factor	**151**	

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Department of Taxation and Finance

New York Partner's Schedule K-1

Tax Law – Article 22 (Personal Income Tax)

IT-204-IP

NEW YORK STATE 2015

For calendar year 2015 or tax year beginning 15 **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
NATIONAL SHINNY LEAGUE INTERNATIONAL LLP	002XX1507

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**

C Business allocation percentage ..... **C** %

Partner's information *(see instructions)*

Partner's name	Partner's identifying number
IN DOLLARS WE GRANTOR TRUST	002321557
Partner's address: 100 SILVER DOLLAR WAY	
City: ALBANY / State: NY / ZIP code: 12203	

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** 002321571

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	70.0000 %	70.0000 %
2) Loss	H2	70.0000 %	70.0000 %
3) Capital	H3	70.0000 %	70.0000 %

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

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

You must calculate values for items I1-3 and J1-7 as necessary. For all items assume the partner's amount is directly proportional to the partner's share of profit, loss, and capital

J Partner's capital account analysis

1) Beginning capital account **J1**
2) Capital contributed during the year – cash **J2**
3) Capital contributed during the year – property **J3**
4) Current year increase (decrease) **J4**
5) Withdrawals and distributions – cash **J5**
6) Withdrawals and distributions – property **J6**
7) Ending capital account **J7**
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; see instructions)*

☒ 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**

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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-NYS)*

		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 IT-2658-MTA)*

		Date	Amount
1) First installment	**O1**		
2) Second installment	**O2**		
3) Third installment	**O3**		
4) Fourth installment	**O4**		
Total estimated MCTMT paid on behalf of partner *(add lines O1 through O4)*	**O**		

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		1	
2	Net rental real estate income (loss)	2		2	
3	Other net rental income (loss)	3		3	
4	Guaranteed payments	4		4	
5	Interest income	5		5	
6	Ordinary dividends	6		6	
7	Royalties	7		7	
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		10	
11	Other income (loss) *Identify:*	11		11	
12	Section 179 deduction	12		12	
13	Other deductions *Identify:* CASH CONTRIBUTION	13		13	
14	This line intentionally left blank	14		14	
15	Net earnings (loss) from self-employment	15		15	
16	Tax-exempt income and nondeductible expenses	16		16	
17	Distributions – cash and marketable securities	17		17	
18	Distributions – other property	18		18	
19	Other items not included above that are required to be reported separately to partners *Identify:*	19		19	

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 –		
20b	EA –		
20c	EA –		
20d	EA –		
20e	EA –		
20f	EA –		

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

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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 –		
22b	ES –		
22c	ES –		
22d	ES –		
22e	ES –		
22f	ES –		

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

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 This line intentionally left blank **28**

Partner's other information

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

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

29c Partner's share of receipts from the sale of goods by manufacturing **29c**

29d Partner's share of adjusted basis of qualified manufacturing property **29d**

Partner's credit information

Part 1 – Flow-through credit bases and information

Brownfield redevelopment tax credit *(Form IT-611, IT-611.1, or IT-611.2)*

		A – Form IT-611	B – Form IT-611.1	C – Form IT-611.2
30 Site preparation credit component	**30**			
31 Tangible property credit component	**31**			
32 On-site groundwater remediation credit component ..	**32**			

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Partner's credit information *(continued)*

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

33	This line intentionally left blank	**33**	
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**	
37	QEZE zone allocation factor	**37**	
38	QEZE benefit period factor	**38**	

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

Other flow-through credit bases and information

Credit bases

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

Credit information

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

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

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

51 Other flow-through credits

	Code	Amount		Code	Amount
51a			**51e**		
51b			**51 f**		
51c			**51g**		
51d			**51h**		

52 Addbacks of credits and recaptures

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

Part 3 – START-UP NY tax elimination credit information *(Form IT-638)*

53	START-UP NY business certificate number *(Form DTF-74)*	**53**	
54	Year of START-UP NY business tax benefit period	**54**	
55	START-UP NY area allocation factor	**55**	

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Department of Taxation and Finance

New York Partner's Schedule K-1

Tax Law – Article 22 (Personal Income Tax)

IT-204-IP

NEW YORK STATE 2015

For calendar year 2015 or tax year beginning 15 **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
NATIONAL SHINNY LEAGUE INTERNATIONAL LLP	002XX1507

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**

C Business allocation percentage ..... **C** %

Partner's information *(see instructions)*

Partner's name			Partner's identifying number
NICK HEXUM			002321563
Partner's address			
311 HIVE STREET			
City	State	ZIP code	
ALBANY	NY	12201	

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**

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	30.0000 %	30.0000 %
2) Loss	H2	30.0000 %	30.0000 %
3) Capital	H3	30.0000 %	30.0000 %

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

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

You must calculate values for items I1-3 and J1-7 as necessary. For all items assume the partner's amount is directly proportional to the partner's share of profit, loss, and capital

J Partner's capital account analysis

1) Beginning capital account **J1**
2) Capital contributed during the year – cash **J2**
3) Capital contributed during the year – property **J3**
4) Current year increase (decrease) **J4**
5) Withdrawals and distributions – cash **J5**
6) Withdrawals and distributions – property **J6**
7) Ending capital account **J7**
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; see instructions)*

☒ 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**

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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-NYS)*

		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 IT-2658-MTA)*

		Date	Amount
1) First installment	**O1**		
2) Second installment	**O2**		
3) Third installment	**O3**		
4) Fourth installment	**O4**		
Total estimated MCTMT paid on behalf of partner *(add lines O1 through O4)*	**O**		

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		1	
2	Net rental real estate income (loss)	2		2	
3	Other net rental income (loss)	3		3	
4	Guaranteed payments	4		4	
5	Interest income	5		5	
6	Ordinary dividends	6		6	
7	Royalties	7		7	
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		10	
11	Other income (loss) *Identify:*	11		11	
12	Section 179 deduction	12		12	
13	Other deductions *Identify:* CASH CONTRIBUTION	13		13	
14	This line intentionally left blank	14		14	
15	Net earnings (loss) from self-employment	15		15	
16	Tax-exempt income and nondeductible expenses	16		16	
17	Distributions – cash and marketable securities	17		17	
18	Distributions – other property	18		18	
19	Other items not included above that are required to be reported separately to partners *Identify:*	19		19	

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 –		
20b	EA –		
20c	EA –		
20d	EA –		
20e	EA –		
20f	EA –		

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

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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 –		
22b	ES –		
22c	ES –		
22d	ES –		
22e	ES –		
22f	ES –		

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

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 This line intentionally left blank **28**

Partner's other information

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

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

29c Partner's share of receipts from the sale of goods by manufacturing **29c**

29d Partner's share of adjusted basis of qualified manufacturing property **29d**

Partner's credit information

Part 1 – Flow-through credit bases and information

Brownfield redevelopment tax credit *(Form IT-611, IT-611.1, or IT-611.2)*

		A – Form IT-611	B – Form IT-611.1	C – Form IT-611.2
30 Site preparation credit component	**30**			
31 Tangible property credit component	**31**			
32 On-site groundwater remediation credit component ..	**32**			

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Partner's credit information *(continued)*

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

33	This line intentionally left blank	**33**	
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**	
37	QEZE zone allocation factor	**37**	
38	QEZE benefit period factor	**38**	

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

Other flow-through credit bases and information

Credit bases

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

Credit information

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

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

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

51 Other flow-through credits

	Code	Amount		Code	Amount
51a			**51e**		
51b			**51 f**		
51c			**51g**		
51d			**51h**		

52 Addbacks of credits and recaptures

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

Part 3 – START-UP NY tax elimination credit information *(Form IT-638)*

53	START-UP NY business certificate number *(Form DTF-74)*	**53**	
54	Year of START-UP NY business tax benefit period	**54**	
55	START-UP NY area allocation factor	**55**	

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Department of Taxation and Finance

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

IT-236

For costs incurred on or after January 1, 2011

Tax Law – Article 22, Section 606(tt)

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

Name(s) as shown on your return	Identifying number as shown on return
NATIONAL SHINNY LEAGUE INTERNATIONAL, LLP	002XX1507

Submit this form with Form IT-201, IT-203, IT-204, or IT-205 *(see instructions, Form IT-236-I, for assistance)*

Part 1 – Individual (including sole proprietor), partnership, and estate or trust *(see instructions)*

Schedule A – Purchase of new vehicle manufactured to be accessible to persons with disabilities for which there is no comparable make or model that does not include the equipment necessary to provide accessibility to persons with disabilities *(use a separate line for each vehicle; submit additional sheets if necessary)*

A Vehicle identification number (VIN) of new vehicle	B Total purchase price of new vehicle	C Enter ***10,000***
1M8GDM9AXEP142788	32,000.00	.00
SP1ZZZ99ZFS392124	41,000.00	.00
	.00	.00

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

Schedule B – Upgrade of motor vehicle *(use a separate line for each vehicle; submit additional sheets if necessary)*

A VIN of upgraded vehicle	B Date incremental costs incurred *(mm-dd-yyyy)*	C Incremental cost *(see instructions)*	D Enter the lesser of column C or ***10,000***
5T6F25FF5CB334D18	06-15-2015	7,400.00	.00
		.00	.00
		.00	.00

3 Total of Schedule B, column D amounts from additional sheet(s), if any	**3**	.00
4 Total of all Schedule B, column D amounts *(include any amount on line 3)*	**4**	.00
5 Add lines 2 and 4	**5**	.00

Fiduciary: Include the line 5 amount on the *Total* line of Part 4, column C
All others: Enter the line 5 amount on line 10

Part 2 – Partnership, New York 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 for taxicabs and livery service vehicles accessible to persons with disabilities from that entity, complete the following information for each partnership, S corporation, estate, or trust. For *Type* enter ***P*** for partnership, ***S*** for S corporation, or ***ET*** for estate or trust. You must also complete Parts 3 and 5, and, if applicable, Part 6.

Name	Type	Employer identification number

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

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

Fiduciary: Include the line 9 amount on the *Total* line of Part 4, column C.
All others: Enter the line 9 amount on line 11.

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

A 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 5* ***plus*** *the amount from line 9)*		.00
		.00
		.00
Fiduciary		.00

Part 5 – Computation of credit

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

Partnership: Enter the line 14 amount and code ***236*** on Form IT-204, line 147.
All others: Complete Part 6.

Part 6 – Application of credit and computation of carryover

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

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Department of Taxation and Finance

Claim for Brownfield Redevelopment Tax Credit

IT-611

For Qualified Sites Accepted into the Brownfield Cleanup Program Prior to June 23, 2008

Tax Law – Sections 21 and 606(dd)

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

Other filers enter tax period:

beginning _____ and ending _____

File a separate Form IT-611 for each Certificate of Completion (COC) with your personal income tax return, Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return	Identifying number as shown on return
NATIONAL SHINNY LEAGUE INTERNATIONAL, LLP	002xx1507

A Did the Department of Environmental Conservation (DEC) accept this site into the Brownfield Cleanup Program **prior to** June 23, 2008? ..... **A** Yes ☒ No ☐

If *Yes*, complete Form IT-611 to claim the brownfield redevelopment tax credit.

If *No*, and the site was accepted into the Brownfield Cleanup Program **on or after** June 23, 2008, do not complete this form; instead, use Form IT-611.1, *Claim for Brownfield Redevelopment Tax Credit, For Qualified Sites Accepted into the Brownfield Cleanup Program on or After June 23, 2008, and Prior to July 1, 2015,* or Form IT-611.2, *Claim for Brownfield Redevelopment Tax Credit, For Qualified Sites Accepted into the Brownfield Cleanup Program on or After July 1, 2015,* to claim the credit.

Schedule A – Brownfield site identifying information *(see instructions, Form IT-611-I, for assistance)*

B Enter the date of execution of the Brownfield Cleanup Agreement (BCA) for the brownfield site for which you are claiming the credit *(mm-dd-yyyy)* ..... **B** 03-15-2006

C Enter the following information as listed on the COC issued by DEC for the qualified site; **submit a copy of the COC**.

Site name	Site location	
MALTA ROCKET SITE II	Municipality COLONIE	County ALBANY
DEC region 4	Division of Environmental Remediation (DER) site number DER2006157	Date COC was issued 11-15-2015

D If applicable, enter the date the COC was transferred pursuant to the transfer or sale of the qualified site *(mm-dd-yyyy)*. **Submit a copy** of the sale or transfer documentation with this form. ..... **D** _____

E Is the qualified site for which the COC was issued by the DEC located within an environmental zone (EN-Zone)? ..... **E** Yes ☒ No ☐

F If *Yes,* enter the percent of the qualified site located within an EN-Zone ..... **F** 58.00 %

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Schedule B – Credit components *(see instructions)*

Part 1 – Site preparation credit component *(see instructions)*

A Description of site preparation costs *(see instructions)*	B Date costs paid or incurred *(mm-dd-yyyy; see instr.)*	C Costs
DEMOLITION	03-04-2015	12,500.00
EXCAVATION	5-06-2015	16,200.00
		.00

1 Total of column C amounts from additional list(s), if any	1	.00
2 Add column C amounts *(include any amount from line 1)*	2	.00
3 Applicable percentage rate *(from* Applicable percentage table *in the instructions)*	3	%
4 Site preparation credit component *(multiply line 2 by line 3)*	4	.00

Partner	5	Enter your share of the site preparation credit component from your partnership(s)	5	.00
S corporation shareholder	6	Enter your share of the site preparation credit component from your S corporation(s)	6	.00
Beneficiary	7	Enter your share of the site preparation credit component from the estate(s) or trust(s)	7	.00
	8	Total site preparation credit component *(add lines 4 through 7; see instructions)*	8	.00

Part 2 – Tangible property credit component *(see instructions)*

A Description of qualified tangible property *(list each item separately; see instr.)*	B Principal use *(see instructions)*	C Date placed in service *(mm-dd-yyyy)*	D Life *(years; see instr.)*	E Cost or other basis *(see instructions)*
YARD TRUCK	MOVING CONTAINERS	04/05/2015	5	12,650.00
UTILITY TRAILER	REFUSE	02/02/2015	2	1,530.00
				.00

9 Total of column E amounts from additional list(s), if any	9	.00
10 Add column E amounts *(include any amount from line 9)*	10	.00
11 Applicable percentage rate *(from* Applicable percentage table *in the instructions)*	11	%
12 Tangible property credit component *(multiply line 10 by line 11)*	12	.00

Partner	13	Enter your share of the tangible property credit component from your partnership(s)	13	.00
S corporation shareholder	14	Enter your share of the tangible property credit component from your S corporation(s)	14	.00
Beneficiary	15	Enter your share of the tangible property credit component from the estate(s) or trust(s)	15	.00
	16	Total tangible property credit component *(add lines 12 through 15; see instructions)*	16	.00

Part 3 – On-site groundwater remediation credit component *(see instructions)*

A Description of groundwater remediation costs *(see instructions)*	B Date costs paid or incurred *(mm-dd-yyyy; see instr.)*	C Costs
RUNOFF COLLECTION	06/07/2015	16,420 .00
		.00
		.00

17 Total of column C amounts from additional list(s), if any	**17**	.00
18 Add column C amounts *(include any amount from line 17)*	**18**	.00
19 Applicable percentage rate *(from* Applicable percentage table *in the instructions)*	**19**	%
20 On-site groundwater remediation credit component *(multiply line 18 by line 19)*	**20**	.00

Partner	**21**	Enter your share of the on-site groundwater remediation credit component from your partnership(s)	**21**	.00
S corporation shareholder	**22**	Enter your share of the on-site groundwater remediation credit component from your S corporation(s)	**22**	.00
Beneficiary	**23**	Enter your share of the on-site groundwater remediation credit component from the estate(s) or trust(s)	**23**	.00
	24	Total on-site groundwater remediation credit component *(add lines 20 through 23; see instructions)*	**24**	.00

25 Brownfield redevelopment tax credit *(add lines 8, 16, and 24)*	**25**	.00

Fiduciaries: Complete Schedule D.
Individuals: Enter the line 25 amount on line 26.

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 brownfield redevelopment tax 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 D – Beneficiary's and fiduciary's share of credit components and recapture of credit *(see instr.)*

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of site preparation credit component	D Share of tangible property credit component	E Share of on-site groundwater remediation credit component	F Share of recapture of credit
Total		.00	.00	.00	.00
		.00	.00	.00	.00
		.00	.00	.00	.00
Fiduciary		.00	.00	.00	.00

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Schedule E – Computation of credit

Individuals	**26**	Enter the amount from line 25	**26**	.00
Fiduciaries	**27a**	Enter the amount from Schedule D, *Fiduciary* line, column C	**27a**	.00
	27b	Enter the amount from Schedule D, *Fiduciary* line, column D	**27b**	.00
	27c	Enter the amount from Schedule D, *Fiduciary* line, column E	**27c**	.00
	28	**Total brownfield redevelopment tax credit** *(add lines 26 through 27c; see instructions)*	**28**	.00

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

Tangible property that ceases to be in qualified use *(see instructions)*

A Description of property	B Date property was placed in service *(mm-dd-yyyy)*	C Date property ceased to qualify *(mm-dd-yyyy)*	D Life *(months)*	E Unused life *(months)*	F Percentage *(E ÷ D)*	G Tangible property credit component previously allowed	H Recaptured tangible property credit component *(F × G)*
BUCKET LOADER	04/01/2011	04/01/2015	48	36		22,000.00	.00
						.00	.00
						.00	.00

29	Total of column H amounts from additional list(s), if any	**29**	.00
30	Total recapture of credit for tangible property credit component *(add column H amounts; include any amount on line 29)*	**30**	.00

Recapture if COC is revoked

31	Net tangible property credit component previously allowed *(see instructions)*	**31**	.00
32	Site preparation credit component previously allowed *(see instructions)*	**32**	.00
33	On-site groundwater remediation credit component previously allowed *(see instructions)*	**33**	.00
34	Total recapture of brownfield redevelopment tax credit *(add lines 30 through 33)*	**34**	.00

Individuals and partnerships: Enter the line 34 amount on line 35.
Fiduciaries: Include the line 34 amount on the *Total* line of Schedule D, column F.

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

35	Individual's and partnership's recapture of credit *(from line 34)*	**35**	.00
36	Beneficiary's share of recapture of credit *(see instructions)*	**36**	.00
37	Partner's share of recapture of credit *(see instructions)*	**37**	.00
38	S corporation shareholder's share of recapture of credit *(see instructions)*	**38**	.00
39	Fiduciaries: enter your share of amount from Schedule D, *Fiduciary* line, column F	**39**	.00
40	Total *(add lines 35 through 39)*	**40**	.00

Individuals: Enter the line 40 amount and code ***171*** on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.
Fiduciaries: Include the line 40 amount on Form IT-205, line 12.
Partnerships: Enter the line 40 amount and code ***171*** on Form IT-204, line 148.

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Department of Taxation and Finance

Claim for Brownfield Redevelopment Tax Credit

IT-611.1

For Qualified Sites Accepted into the Brownfield Cleanup Program on or After June 23, 2008, and Prior to July 1, 2015

Tax Law – Sections 21 and 606(dd)

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

Other filers enter tax period:

beginning _____ and ending _____

File a separate Form IT-611.1 for each Certificate of Completion (COC) with your personal income tax return, Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return	Identifying number as shown on return

A Did the Department of Environmental Conservation (DEC) accept this site into the Brownfield Cleanup Program **on or after** June 23, 2008, and prior to July 1, 2015? ..... **A** Yes ☒ No ☐

If *Yes*, complete Form IT-611.1 to claim the brownfield redevelopment tax credit. If *No*, and the site was accepted **prior to** June 23, 2008, do not complete this form; instead use Form IT-611, *Claim for Brownfield Redevelopment Tax Credit, For Qualified Sites Accepted into the Brownfield Cleanup Program Prior to June 23, 2008,* to claim the credit.

If *No*, and the site was accepted on or after July 1, 2015, do not complete this form; instead use Form IT-611.2, *Claim for Brownfield Redevelopment Tax Credit, For Qualified Sites Accepted into the Brownfield Cleanup Program on or After July 1, 2015,* to claim the credit.

Schedule A – Brownfield site identifying information *(see instructions, Form IT-611.1-I, for assistance)*

B Enter the date of execution of the Brownfield Cleanup Agreement (BCA) for the brownfield site for which you are claiming the credit *(mm-dd-yyyy)* ..... **B** 02-04-2008

C Enter the following information as listed on the COC issued by DEC for the qualified site; **submit a copy of the COC**.

Site name	Site location	
1507 RANGE SITE	Municipality ALBANY	County ALBANY
DEC region	Division of Environmental Remediation (DER) site number	Date COC was issued
2	DER2008006	8/5/2015

D If applicable, enter the date the COC was transferred pursuant to the transfer or sale of the qualified site *(mm-dd-yyyy)*. **Submit a copy** of the sale or transfer documentation with this form. ..... **D** _____

E Is the qualified site for which the COC was issued by the DEC located within an environmental zone (EN-Zone)? ..... **E** Yes ☐ No ☒

F If *Yes,* enter the percent of the qualified site located within an EN-Zone ..... **F** _____ %

G Mark an ***X*** in the box if you received notification from the Department of State that the qualified site is located in a Brownfield Opportunity Area. **Submit** supporting documentation. ..... **G** ☐

H Will the qualified site be used primarily for manufacturing activities? ..... **H** Yes ☐ No ☒

I Are there multiple taxpayers listed on the COC claiming a credit for the qualified site? ..... **I** Yes ☐ No ☒

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Schedule B – Credit components *(see instructions)*

Part 1 – Site preparation credit component *(see instructions)*

A Description of site preparation costs *(see instructions)*	B Date costs paid or incurred *(mm-dd-yyyy; see instr.)*	C Costs
CONTRACTING	02-13-2015	10,000.00
MAINTENANCE	04-06-2015	7,000.00
		.00

1 Total of column C amounts from additional list(s), if any	1	.00
2 Add column C amounts *(include any amount from line 1)*	2	.00
3 Applicable percentage *(see instructions)*	3	%
4 Site preparation credit component *(multiply line 2 by line 3)*	4	.00

Partner	5	Enter your share of the site preparation credit component from your partnership(s)	5	.00
S corporation shareholder	6	Enter your share of the site preparation credit component from your S corporation(s)	6	.00
Beneficiary	7	Enter your share of the site preparation credit component from the estate(s) or trust(s)	7	.00
	8	Total site preparation credit component *(add lines 4 through 7; see instructions)*	8	.00

Part 2 – On-site groundwater remediation credit component *(see instructions)*

A Description of groundwater remediation costs *(see instructions)*	B Date costs paid or incurred *(mm-dd-yyyy; see instr.)*	C Costs
DRAINAGE SYSTEM	04-26-2015	7,000.00
SUMP PUMP ACCESSORIES	05-07-2015	1,200.00
		.00

9 Total of column C amounts from additional list(s), if any	9	.00
10 Add column C amounts *(include any amount from line 9)*	10	.00
11 Applicable percentage *(see instructions)*	11	%
12 On-site groundwater remediation credit component *(multiply line 10 by line 11)*	12	.00

Partner	13	Enter your share of the on-site groundwater remediation credit component from your partnership(s)	13	.00
S corporation shareholder	14	Enter your share of the on-site groundwater remediation credit component from your S corporation(s)	14	.00
Beneficiary	15	Enter your share of the on-site groundwater remediation credit component from the estate(s) or trust(s)	15	.00
	16	Total on-site groundwater remediation credit component *(add lines 12 through 15; see instructions)*	16	.00

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Part 3 – Tangible property credit component

A Description of qualified tangible property *(list each item separately; see instructions)*	B Principal use *(see instructions)*	C Date placed in service *(mm-dd-yyyy)*	D Life *(years; see instr.)*	E Cost or other basis *(see instructions)*
COPY MACHINES	OFFICE HARDWARE	05-10-2015	5	8,000 .00
STATIONARY	OFFICE SUPPLIES	05-12-2015	1	1,000 .00
				.00

17 Total of column E amounts from additional list(s), if any	**17**	.00
18 Add column E amounts *(include any amount from line 17)*	**18**	.00
19 Applicable percentage *(see instructions)*	**19**	%
20a Tentative tangible property credit component *(see instructions)*	**20a**	.00
20b Tangible property component limitation for the qualified site *(see instructions)*	**20b**	7,560 .00
20c Tangible property component for use in the current tax year for the qualified site *(see instructions)*	**20c**	9,000 .00
20d Tangible property credit component *(see instructions)*	**20d**	.00

Partner	**21**	Enter your share of the tangible property credit component from your partnership(s)	**21**	.00
S corporation shareholder	**22**	Enter your share of the tangible property credit component from your S corporation(s)	**22**	.00
Beneficiary	**23**	Enter your share of the tangible property credit component from the estate(s) or trust(s)	**23**	.00
	24	Total tangible property credit component *(add lines 20d through 23; see instructions)*	**24**	.00

25 Brownfield redevelopment tax credit *(add lines 8, 16, and 24)*	**25**	.00

Fiduciaries: Complete Schedule D.
Individuals: Enter the line 25 amount on line 26.

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 brownfield redevelopment tax 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
FROM A TO Z LLP	P	002321582
ALL THE ABOVE LLP	P	002321589

Schedule D – Beneficiary's and fiduciary's share of credit components and recapture of credit *(see instr.)*

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of site preparation credit component	D Share of tangible property credit component	E Share of on-site groundwater remediation credit component	F Share of recapture of credit
Total		.00	.00	.00	.00
		.00	.00	.00	.00
		.00	.00	.00	.00
Fiduciary		.00	.00	.00	.00

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Schedule E – Computation of credit

Individuals	**26**	Enter the amount from line 25	**26**	.00
Fiduciaries	**27a**	Enter the amount from Schedule D, *Fiduciary* line, column C	**27a**	.00
	27b	Enter the amount from Schedule D, *Fiduciary* line, column D	**27b**	.00
	27c	Enter the amount from Schedule D, *Fiduciary* line, column E	**27c**	.00
	28	**Total brownfield redevelopment tax credit** *(add lines 26 through 27c; see instructions)*	**28**	.00

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

Tangible property that ceases to be in qualified use

A Description of property	B Date property was placed in service *(mm-dd-yyyy)*	C Date property ceased to qualify *(mm-dd-yyyy)*	D Life *(months)*	E Unused life *(months)*	F Percentage *(E ÷ D)*	G Tangible property credit component previously allowed	H Recaptured tangible property credit component *(F × G)*
ABSTAINED PROPERTY	04-02-2012	07-01-2015	48	12		8,600 .00	.00
						.00	.00
						.00	.00

29	Total of column H amounts from additional list(s), if any	**29**	.00
30	Total recapture of credit for tangible property credit component *(add column H amounts; include any amount on line 29)*	**30**	.00

Recapture if COC is revoked

31	Net tangible property credit component previously allowed *(see instructions)*	**31**	.00
32	Site preparation credit component previously allowed *(see instructions)*	**32**	.00
33	On-site groundwater remediation credit component previously allowed *(see instructions)*	**33**	.00
34	Total recapture of brownfield redevelopment tax credit *(add lines 30 through 33)*	**34**	.00

Individuals and partnerships: Enter the line 34 amount on line 35.
Fiduciaries: Include the line 34 amount on the *Total* line of Schedule D, column F.

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

35	Individual's and partnership's recapture of credit *(from line 34)*	**35**	.00
36	Beneficiary's share of recapture of credit *(see instructions)*	**36**	.00
37	Partner's share of recapture of credit *(see instructions)*	**37**	.00
38	S corporation shareholder's share of recapture of credit *(see instructions)*	**38**	.00
39	Fiduciaries: enter your share of amount from Schedule D, *Fiduciary* line, column F	**39**	.00
40	Total *(add lines 35 through 39)*	**40**	.00

Individuals: Enter the line 40 amount and code ***170*** on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.
Fiduciaries: Include the line 40 amount on Form IT-205, line 12.
Partnerships: Enter the line 40 amount and code ***170*** on Form IT-204, line 148.

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Department of Taxation and Finance

Claim for Remediated Brownfield Credit for Real Property Taxes

For Qualified Sites Accepted into the Brownfield Cleanup Program Prior to July 1, 2015

Tax Law – Sections 22 and 606(ee)

IT-612

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

Other filers enter tax period:
beginning _____ and ending _____

File a separate Form IT-612 for each *Certificate of Completion* (COC) with your personal income tax return, Form IT-201, IT-203, IT-204, or IT-205.

Name(s) as shown on return	Identifying number as shown on return
NATIONAL SHINNY LEAGUE INTERNATIONAL, LLP	002XX1507

Schedule A – Brownfield site identifying information *(see instructions, Form IT-612-I, for assistance)*

A Enter the date of execution of the Brownfield Cleanup Agreement (BCA) for the brownfield site for which you are claiming the credit *(mm-dd-yyyy)* ..... **A** 02-15-2006

B Enter the following information as listed on the COC issued by the Department of Environmental Conservation (DEC) for the qualified site. **Submit a copy of the COC**.

Site name	Site location	
BROWNFIELD SITE 1507	Municipality ALBANY, NY	County ALBANY
DEC region	Division of Environmental Remediation (DER) site number	Date COC was issued
4	2008ABCD	

C If applicable, enter the date the COC was transferred pursuant to the transfer or sale of the qualified site. **Submit a copy** of the sale or transfer documentation with this form ..... **C** _____

D Is the qualified site for which the COC was issued by the DEC located **entirely** within an environmental zone (EN-Zone)? ..... **D** Yes ☒ No ☐

E Mark an ***X*** in the box if you received notification from the Department of State that the qualified site is located in a Brownfield Opportunity Area ..... **E** ☐

Schedule B – Computation of average number of full-time employees employed by a developer and any lessees at the qualified site

Current tax year	March 31	June 30	September 30	December 31	Total
Number of full-time employees	27	24	36	29	

1 Average number of full-time employees *(if less than 25, no credit is allowed; see instructions)* ..... **1** _____

Employment number factor table

Average number of full-time employees shown on line 1	Factor
At least 25, but less than 50	.25
At least 50, but less than 75	.50
At least 75, but less than 100	.75
At least 100	1.00

Schedule C – Individuals (including sole proprietors), partnerships, and fiduciaries

2	Employment number factor *(see instructions)*	**2**	
3	Eligible real property taxes *(see instructions)*	**3**	21000.00
4	Enter ***.25*** *(if the qualified site is located entirely within an EN-Zone, enter **1.00**)*	**4**	
5	Remediated brownfield credit for real property taxes *(multiply line 2 x line 3 x line 4)*	**5**	.00
6	Recapture of remediated brownfield credit for real property taxes *(see instructions)*	**6**	.00
7	Net recapture of remediated brownfield credit for real property taxes *(see instructions)*	**7**	.00
8	Remediated brownfield credit for real property taxes after recapture *(subtract line 6 from line 5; continue with line 9)*	**8**	.00
9	Credit limitation. Multiply line 1 by $10,000 and enter the result	**9**	.00
10	Remediated brownfield credit for real property taxes claimed *(enter the lesser of line 8 or line 9)*	**10**	.00

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

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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 remediated brownfield credit for real property taxes 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 E – Partner's, shareholder's, or beneficiary's share of credit *(see instructions)*

Partner	**11**	Enter your share of the credit from your partnership	**11**	.00
S corporation shareholder	**12**	Enter your share of the credit from your S corporation	**12**	.00
Beneficiary	**13**	Enter your share of the 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 F, column C.
All others: Enter the line 14 amount on line 16.

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

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	**B** Identifying number	**C** Share of remediated brownfield credit for real property taxes	**D** Share of recapture of credit
Total *(for column C, enter the line 10 amount plus the line 14 amount)*		.00	.00
		.00	.00
		.00	.00
Fiduciary		.00	.00

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

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

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

19	Individual's and partnership's recapture of credit *(see instructions)*	**19**	.00
20	Beneficiary's share of recapture of credit *(see instructions)*	**20**	.00
21	Partner's share of recapture of credit *(see instructions)*	**21**	.00
22	S corporation shareholder's share of recapture of credit *(see instructions)*	**22**	.00
23	Fiduciaries: enter your share of amount from Schedule F, column D, *Fiduciary* line	**23**	.00
24	Total *(see instructions)*	**24**	.00

Individuals: Enter the line 24 amount and code ***172*** on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.
Fiduciaries: Include the line 24 amount on Form IT-205, line 12.
Partnerships: Enter the line 24 amount and code ***172*** on Form IT-204, line 148.

Department of Taxation and Finance

Beer Production Credit

Tax Law – Article 1, Section 37, Article 22, Section 606(uu)

IT-636

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
NATIONAL SHINNY LEAGUE INTERNATIONAL, LLP	002XX1507

Schedule A – Eligibility – Individual (including sole proprietor), partnership, and fiduciary

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)*

Enter the employer identification number (EIN) of the registered distributor..... EIN 002321556

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 in this tax year
812 BREWERY BLVD SCHENECTADY NY 12306	400000
510 LAGER LANE TROY NY 12181	165000

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		
3	Enter the lesser of line 2 or 500,000	3		
4	Total credit for first 500,000 gallons produced in New York State *(multiply line 3 by .14; see instr.)* ...		4	.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 in this tax year
812 BREWERY BLVD SCHENECTADY NY 12306	
510 LAGER LANE TROY NY 12181	

5	Total of column B amounts from additional Form(s) IT-636, if any	5		
6	Add column B amounts *(include any amount from line 5)*	6		
7	Subtract 500,000 from line 6	7		
8	Enter the lesser of line 7 or 15,000,000 *(see instructions)*	8		
9	Total credit for gallons produced in New York State in excess of 500,000 *(multiply line 8 by .045)*		9	.00
10	Add lines 4 and 9		10	.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.

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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**	.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**	.00

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Department of Taxation and Finance

START-UP NY Telecommunication Services Excise Tax Credit

Tax Law – Sections 39 and 606(yy)

IT-640

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

All other filers 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
NATIONAL SHINNY LEAGUE INTERNATIONAL LLP	002321507

A Certificate number from Form DTF-74, *Certificate of Eligibility,* issued to the approved START-UP NY business *(see instructions)* ..... **A** 2015-1507

B Year of START-UP NY business tax benefit period *(enter a number from 1 to 10; see instructions)* ..... **B** 1

Schedule A – Individual (including sole proprietor), partnership, and estate or trust

1 Telecommunication services excise tax paid *(see instructions)* **1** 2560 00

Fiduciary: Include the line 1 amount on line 4.
All others: Enter the line 1 amount on line 7.

Schedule B – Partnership, New York S corporation, and estate or trust information *(see instructions)*

For *Type*, enter ***P*** for partnership, ***S*** for S corporation, or ***ET*** for estate or trust *(use additional Form(s) IT-640 if necessary)*.

A Name of entity	B Type	C Employer identification number	D Certificate number	E Year of business tax benefit period	F Share of credit
					00
					00
					00
					00

2 Total column F amounts from additional Form(s) IT-640, if any *(see instructions)* **2** 00

3 Total *(add column F amounts, including any amount from line 2)* **3** 00

Fiduciary: Include the line 3 amount on line 4.
All others: Enter the line 3 amount on line 8.

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

4 Total *(fiduciaries: add line 1 and line 3)*	**4**		00

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

5 Share of credit allocated to beneficiaries *(add column C amounts)*	**5**		00
6 Fiduciary's share of credit *(subtract line 5 from line 4; enter the result here and on line 9)*	**6**		00

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

Individual and partnership	**7**	Enter the amount from line 1	**7**		00
Partner, S corporation shareholder, beneficiary	**8**	Enter the amount from line 3	**8**		00
Fiduciary	**9**	Enter the amount from line 6	**9**		00
	10	**Total credit** *(add lines 7, 8, and 9; see instructions)*	**10**		00

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IT-204 STATEMENT OF OTHER INCOME, DEDUCTIONS, AND OTHER COSTS TAX YEAR 2015

Line 24 Other deductions $81,237

FOR NYS DTF TESTING PURPOSES ONLY

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE

IT-611 Brownfield Cleanup Program

CERTIFICATE OF COMPLETION

Issue Date 11-15-2015

Malta Rocket Site II

FOR NYS DTF TESTING PURPOSES ONLY

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE

IT-611.1 Brownfield Cleanup Program

CERTIFICATE OF COMPLETION

Issue Date 8-5-2015

1507 RANGE SITE

FOR NYS DTF TESTING PURPOSES ONLY

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE