Department of Taxation and Finance

Partnership MeF Acceptance Testing for Tax Year 2015

TEST NUMBER: 1508

Forms Included: IT-204, IT-204-IP, IT-634, IT-635, IT-637, IT-638, IT-639, IT-641

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

Return specific information: EIN 002xx1508* is a Regular partnership, calendar year filer. This entity began business 2/1/2003 and reports withholding tax under ID TF1465585. 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 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: None at this time

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)
FIFTEEN OH EIGHT ENTERTAINMENT	002XX1508
Trade name of business if different from legal name above: LAUGH OUT LOUD COMEDY CLUB	**NYS** principal business activity
Address *(number and street or rural route)*: 192 WOLF ROAD SUITE 2112 — City, village, or post office: ALBANY	NAICS business code number *(from **NYS Pub 910**)*
State: NY — ZIP code: 12205-1123 — Country: US — Principal product or service	Date business started

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 ☐ ..... *(if Yes, enter ID number)* **G1**

2) Withholding tax Yes ☐ No ☐ ..... *(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: 02321552
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**	32,969
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"

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
FIFTEEN OH EIGHT ENTERTAINMENT	002321508

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
GABBY JOHNSON			002321573
Partner's address			
1111 ROCK RIDGE DR			
City	State	ZIP code	
RYE BROOK	NY	10573	

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	80.0000 %	80.0000 %
2) Loss	H2	80.0000 %	80.0000 %
3) Capital	H3	80.0000 %	80.0000 %

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
	002XX1508

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
LILLY VON SCHTUCK			002321585
Partner's address			
222 MADISON AVE			
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	20.0000 %	80.0000 %
2) Loss	H2	80.0000 %	20.0000 %
3) Capital	H3	20.0000 %	20.0000 %

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

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
FIFTEEN OH EIGHT ENTERTAINMENT	002XX1508

A Year of eligibility *(enter a number from 1 to 10; see instructions)* ..... **A** 2

Schedule A – Credit computation *(see instructions)*

Individual (including sole proprietor), partnership, fiduciary	**1**	Enter your Empire State jobs retention program credit	**1**	.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**	.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 *(see instructions)*

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

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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 *(see instructions)*	**7**	.00
8	Partner's share of recapture of credit *(see instructions)*	**8**	.00
9	S corporation shareholder's share of recapture of credit *(see instructions)*	**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.

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Department of Taxation and Finance

Urban Youth Jobs Program 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 (NYS) Department of Labor.

Name(s) as shown on return	Taxpayer identification number
FIFTEEN OH EIGHT ENTERTAINMENT	002XX1508

A Name of the business certified by the NYS Department of Labor to participate in the Urban Youth Jobs Program ..... **A** GIVE KIDS JOBS, INC

B Certified business's EIN ..... **B** 002321593

C Number of certified youth employed full-time and included in this claim for credit ..... **C** 1

D Number of certified youth employed part-time and included in this claim for credit ..... **D** 1

Schedule A – Credit for certified youths

1 Urban youth jobs program tax credit *(see instructions)*	**1**	.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 corporation(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**	.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

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

Employee name		Social security number
CHARLIE BABBITT		002321599
Hire date *(mm-dd-yyyy)*	Last date of employment during the current tax year	
01-04-2015	12-31-2015	

Part 1 – 2015 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	161	145	160	165	115	163	88.00	97.00				
Full-time or part-time factor	1.0	1.0	1.0	1.0	1.0	1.0	0.5	0.5				

Part 2 – 2016 hours worked and monthly factors for full-time or part-time work *(for fiscal year filers only; see instructions)*

Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
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**	
7	Six-month employment credit *(multiply line 6 by 500)*	**7**	.00
8	Additional six-month credit *(see instructions)*	**8**	.00
9	Additional credit for employed an additional year *(see instructions)*	**9**	.00
10	Total tax credit for employee *(add lines 7, 8, and 9)*	**10**	.00

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Use additional Schedule E below for information for second claimed employee

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

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

Employee name		Social security number
VIRGINIA HAMM		002321600
Hire date *(mm-dd-yyyy)*	Last date of employment during the current tax year	
03-09-2015	10-31-2015	

Part 1 – 2015 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			90	92	104	100	88.00	97.00				
Full-time or part-time factor			0.5	0.5	0.5	0.5	0.5	0.5				

Part 2 – 2016 hours worked and monthly factors for full-time or part-time work *(for fiscal year filers only; see instructions)*

Month	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
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**	
7	Six-month employment credit *(multiply line 6 by 500)*	**7**	.00
8	Additional six-month credit *(see instructions)*	**8**	.00
9	Additional credit for employed an additional year *(see instructions)*	**9**	.00
10	Total tax credit for employee *(add lines 7, 8, and 9)*	**10**	.00

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Department of Taxation and Finance

Alternative Fuels and Electric Vehicle Recharging Property Credit

Tax Law - Article 22, Section 606(p)

IT-637

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

Name(s) as shown on return	Type of business *(if applicable)*	Identifying number as shown on return
FIFTEEN OH EIGHT ENTERTAINMENT	CLUB	002XX1508

Schedule A – Individuals (including sole proprietors), partnerships, estates, and trusts *(see instructions)*

A Location of vehicle refueling or recharging property	B Total cost of vehicle refueling or recharging property *(see instructions)*	C Number of pumps or recharging stations	D (Column B ÷ column C) × 50% (.5)	E Enter the lesser of column D or $5,000	F Column C × column E
ALBANY MALL EAST LOT	65,000.00	4	.00	.00	.00
WEST END GARAGE	45000.00	8	.00	.00	.00
	.00		.00	.00	.00
	.00		.00	.00	.00
	.00		.00	.00	.00
	.00		.00	.00	.00
	.00		.00	.00	.00
	.00		.00	.00	.00
	.00		.00	.00	.00
	.00		.00	.00	.00

1	Total of column F amounts from additional Form(s) IT-637, if any	1	.00
2	Add column F amounts, including any amount from line 1	2	.00

Fiduciaries: Include the line 2 amount in the *Total* line of Schedule D, column C.
All others: Enter the line 2 amount on line 7.

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 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

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

Partner	**3**	Enter your share of the credit from your partnership *(see instructions)*	**3**	.00
S corporation shareholder	**4**	Enter your share of the credit from your S corporation *(see instructions)*	**4**	.00
Beneficiary	**5**	Enter your share of the credit from the estate or trust *(see instructions)*	**5**	.00
	6	Total *(add lines 3, 4, and 5)*	**6**	.00

Fiduciaries: Include the line 6 amount in the *Total* line of Schedule D, column C.
All others: Transfer the line 6 amount to line 8.

Schedule D – 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 credit	D Share of recapture of credit
Total		.00	.00
		.00	.00
		.00	.00
Fiduciary		.00	.00

Schedule E – Computation of credit

Individuals and partnerships	**7**	Enter the amount from line 2	**7**	.00
Partners, S corporation shareholders, beneficiaries	**8**	Enter the total from line 6	**8**	.00
Fiduciaries	**9**	Enter the amount from Schedule D, *Fiduciary* line, column C	**9**	.00
	10	Enter the carryover credit from last year's Form IT-637	**10**	.00
	11	Total credit *(add lines 7 through 10)*	**11**	.00

Partnerships: Enter the line 11 amount and code ***637*** on Form IT-204, line 147.
All others: Complete Schedule G.

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

A Tax year credit allowed	B Total recovery period	C Years in service prior to recapture year	D Recapture years *(column B - column C)*	E Recapture percentage *(column D ÷ column B)*	F Original credit allowed	G Credit recapture *(column F × column E)*
2013	6	2			11,500.00	.00
					.00	.00
					.00	.00

12	Total of column G amounts from additional Form(s) IT-637, if any	**12**	.00
13	Recaptured credit *(add column G amounts, including any amount from line 12)*	**13**	.00
14	Partner in a partnership, shareholder of an S corporation, or beneficiary of an estate or trust, enter your share of the recapture of the credit *(see instructions)*	**14**	.00
15	Total recaptured credit *(add lines 13 and 14; see below for instructions)*	**15**	.00

Individuals: Enter the line 15 amount and code ***637*** on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.
Partnerships: Enter the line 15 amount and code ***637*** on Form IT-204, line 148.
Fiduciaries: Include the line 15 amount on the *Total* line of Schedule D, column D. Transfer the amount from the *Fiduciary* line, column D to Form IT-205, line 12.

Schedule G – Application of credit and computation of carryover

16	Tax due before credits *(see instructions)*	**16**	.00
17	Tax credits claimed before this credit *(see instructions)*	**17**	.00
18	Subtract line 17 from line 16	**18**	.00
19	Credit used for the current tax year *(enter the amount from line 11 or line 18, whichever is less; see instr.)*	**19**	.00
20	Amount of credit available for carryover to next year *(subtract line 19 from line 11)*	**20**	.00

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Department of Taxation and Finance

START-UP NY Tax Elimination Credit

Tax Law – Article 1, Section 40 and Article 22, Section 606(ww)

IT-638

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
FIFTEEN OH EIGHT ENTERTAINMENT	002XX1508

A Certificate number from Form DTF-74, *Certificate of Eligibility*, issued to the approved START-UP NY business ..... **A** _____

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

C 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, mark an ***X*** in the box ..... **C** ☐

Schedule A – Allocation factor *(see instructions)*

		A Tax-free NY area		B New York State	
1 Average value of property *(see instructions)*	1	17,500	00	22,250	00
2 Property factor *(divide line 1, column A, by line 1, column B; round the result to the fourth decimal place)*	2				
3 Wages, salaries, and other compensation of employees *(see instructions)*	3	24,275	00	31,650	00
4 Wage factor *(divide line 3, column A, by line 3, column B; round the result to the fourth decimal place)*	4				
5 Total factors *(add lines 2 and 4)*	5				
6 Allocation factor *(divide line 5 by two; round the result to the fourth decimal place)*	6				

Partnerships: Enter the line 6 amount on Form IT-204, line 151.

All others: Enter the line 6 amount on line 18.

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-638 if necessary.

A Name of entity	B Type	C Employer identification number (EIN)	D Certificate number	E Year of business tax benefit period

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Schedule C – Beneficiary's and fiduciary's share of income from a START-UP NY business *(see instructions)*

7 Total income of the estate or trust from a START-UP NY business *(see instructions)*	**7**		00

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of income from a START-UP NY business
		00
		00
		00

8 Total column C amounts from additional Form(s) IT-638, if any *(see instructions)*	**8**		00
9 Share of income allocated to beneficiaries *(add column C amounts)*	**9**		00
10 Fiduciary's share of income *(subtract line 9 from line 7; enter here and on line 14)*	**10**		00

Schedule D – Tax factor *(see instructions)*

11 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)	**11**		00
12 All other credits applied against the tax *(see instructions)*	**12**		00
13 Net tax due *(subtract line 12 from line 11)*	**13**		00
14 Enter the amount of income from the START-UP NY business allocated within New York State *(see instructions)*	**14**		00
15 New York adjusted gross income *(see instructions)*	**15**		00
16 Divide line 14 by line 15 *(the result cannot exceed 1.0)*	**16**		
17 Tax factor *(multiply line 13 by line 16; enter here and on line 19)*	**17**		00

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

18 Allocation factor *(from line 6; see instructions)*	**18**		
19 Tax factor *(from line 17)*	**19**		00
20 Credit subtotal *(multiply line 18 by line 19)*	**20**		00
21 Total amounts from additional Form(s) IT-638, Schedule(s) E, line 20; if any *(see instructions)*	**21**		00
22 Total credit *(add lines 20 and 21; see instructions)*	**22**		00

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Department of Taxation and Finance

Minimum Wage Reimbursement Credit

Tax Law – Article 1, Section 38 and Article 22, Section 606(aaa)

IT-639

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

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
	002XX1508

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

A Enter the total number of employees claimed for this credit ..... **A** 3

Part 1 – Credit for hours worked when the federal minimum wage does not exceed 85% of the New York State (NYS) minimum wage *(submit additional forms if necessary; see instructions)*

A Name of eligible employee		B Social security number of eligible employee	C Hours worked at the NYS minimum wage rate *(see instructions)*	
First name	Last name			
MATT	FINISH	002321558	1425	50
EILEEN	WRIGHT	002321562	1265	00
SAM	FRANCISCO	002321579	963	25
Total of column C amounts from all additional forms				

1 Total number of hours worked *(add column C amounts; include column C totals from all additional forms)*	**1**		
2 Tax credit rate ($1.31)	**2**	**1**	**31**
3 Tax credit *(multiply line 1 by line 2)*	**3**		00

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Part 2 – Credit for hours worked when the federal minimum wage exceeds 85% of the NYS minimum wage

(submit additional forms if necessary; see instructions)

A Name of eligible employee *(First initial, last name)*	B Social security number of eligible employee	C Hours worked at the NYS minimum wage rate *(see instr.)*	D NYS minimum hourly wage rate *(see instr.)*	E Federal minimum hourly wage rate *(see instr.)*	F Subtract column E from column D	G Credit amount *(column C × column F)*
S FRANCISCO	002321579	245 00	8 75	8 50		
Total of column G amounts from all additional forms						

4 Total of all column G amounts	**4**		00
5 Add lines 3 and 4	**5**		00

Individuals and partnerships: Enter the line 5 amount on line 10.

Fiduciaries: Include the line 5 amount in the *Total* line of Schedule D, column C.

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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 minimum wage reimbursement 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

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

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

Fiduciaries: Include the line 9 amount in the *Total* line of Schedule D, column C.
All others: Transfer the line 9 amount to line 11.

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 credit	
Total *(fiduciaries, enter the amount from line 5, **plus** the amount from line 9)*			00
			00
			00
Fiduciary			00

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

Individuals and partnerships	**10**	Enter the amount from line 5	**10**		00
Partners, S corporation shareholders, beneficiaries	**11**	Enter the amount from line 9	**11**		00
Fiduciaries	**12**	Enter the amount from Schedule D, *Fiduciary* line, column C.....	**12**		00
	13	**Total credit** *(add lines 10, 11, and 12; round to nearest whole dollar)*	**13**		00

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Department of Taxation and Finance

Manufacturer's Real Property Tax Credit

Tax Law – Article 22, Section 606(xx)

IT-641

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

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
FIFTEEN OH EIGHT ENTERTAINMENT	002XX1508

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

1 Eligible real property taxes paid	**1**	17500	00
2 Tax credit rate	**2**	**.20**	
3 Tax credit *(multiply line 1 by line 2)*	**3**		00

Individuals and partnerships: Enter the line 3 amount on line 9.
Fiduciaries: Include the line 3 amount on line 6, column A.

Schedule B – Partner's, shareholder's, or beneficiary's share of credit and credit recapture *(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 manufacturer's real property 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.

A Name of entity	**B** Type	**C** Employer identification number	**D** Share of credit		**E** Share of credit recapture	
				00		00
				00		00
				00		00
				00		00
				00		00
				00		00

4 Total from additional Form(s) IT-641, if any	**4**		00		00
5 Total *(including any amount from line 4)*	**5**		00		00

Fiduciaries: Include the line 5, column D amount on line 6, column A and the line 5, column E amount on line 6, column B.
All others: Enter the line 5, column D amount on line 10 and the line 5, column E amount on line 15.

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

		A Credit		B Credit recapture	
6 Fiduciary's total *(see instructions)*	**6**		00		00

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

7 Total of allocated share to beneficiaries	**7**		00		00
8 Fiduciary's share *(subtract line 7 from line 6; see instructions)*	**8**		00		00

Schedule D – Computation of credit

Individuals and partnerships	**9**	Enter the amount from line 3	**9**		00
Partners, S corporation shareholders, beneficiaries	**10**	Enter the amount from line 5, column D	**10**		00
Fiduciaries	**11**	Enter the amount from line 8, column C	**11**		00
	12	**Total credit** *(see instructions below)*	**12**		00

Individuals: (including sole proprietors), partners, S corporation shareholders, and beneficiaries: Add lines 9 and 10. Enter the line 12 amount and code ***641*** on Form IT-201-ATT, line 12, or Form IT-203-ATT, line 12.

Partnerships: Add lines 9 and 10. Enter the line 12 amount and code ***641*** on Form IT-204, line 147.

Fiduciaries: Enter the amount from line 11 on line 12. Include the amount from line 12 on Form IT-205, line 33.

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Schedule E – Computation of credit recapture

A Tax year credit allowed	B Credit originally allowed	C Reduced eligible real property taxes	D Tax credit rate	E Column C x column D	F Credit recapture *(column B - column E)*
	00	00	**.20**	00	00
	00	00	**.20**	00	00
	00	00	**.20**	00	00
	00	00	**.20**	00	00

13 Total of column F amounts from additional Form(s) IT-641, if any	**13**		00
14 Recaptured credit *(total of column F amounts; Fiduciary: enter here and on line 6, column B)*	**14**		00
15 Partner in a partnership, shareholder of an S corporation, or beneficiary of an estate or trust: enter your share of the credit recapture from line 5, column E *(see instructions)*	**15**		00
16 Fiduciaries: Enter the amount from line 8, column D	**16**		00
17 Total recaptured credit *(see instructions below)*	**17**		00

Individuals (including sole proprietors), partners, S corporation shareholders, and beneficiaries: Add lines 14 and 15. Enter the line 17 amount and code ***641*** on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19.

Partnerships: Add lines 14 and 15. Enter the line 17 amount and code ***641*** on Form IT-204, line 148.

Fiduciaries: Enter the line 16 amount on line 17. Include the line 17 amount on Form IT-205, line 12.

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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-634 Empire State Jobs Retention Program Credit 2015

NEW YORK JOBS RETENTION PROGRAM

CERTIFICATE OF TAX CREDIT

NYS ESD

TAX YEAR 2015 CREDIT AMOUNT $1575

For Testing Purposes Only

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE

IT-635 New York Youth Works Credit 2015

NEW YORK YOUTH WORKS

CERTIFICATE OF TAX CREDIT

NYS DOL

For Testing Purposes Only

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE

IT-638 START-UP NY Tax Elimination Credit

CERTIFICATE OF COMPLETION FORM DTF-74

CERTIFICATE NUMBER SNY-2015-1508

FOR NYS DTF TESTING PURPOSES ONLY

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE