Department of Taxation and Finance

Partnership MeF Acceptance Testing for Tax Year 2015

TEST NUMBER: 1509

Forms Included: IT-204, IT-204-IP, IT-642, IT-643, IT-644, IT-645, IT-646

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

Return specific information: EIN 002xx1509* is a regular partnership, calendar year filer. This entity began business 2/3/2014. The partnership remits sales tax and withholding tax to NYS under ID TF2321541. Note the preparer is a Public Accountant. *Assume 100% of the partnership's business is conducted in New York State.*

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.

*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: Igor Larionov, e-mail Igorwinger@scenicscenarios.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: 12/1/2015 IT-643 added end dates for Part 1 and Part 2, Column C, *Employment period*.
12/9/2015 Added notation that 100% of partnership business was conducted in NYS. IT-204-IP(1) Item H1(Ending) and H2(Beginning) corrected to 85%(previously 15%)

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. 100% of business is conducted in NYS.

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)
SCENIC SCENARIOS PARTNERS	002XX1509
Trade name of business if different from legal name above: SCENIC BUILDERS	NYS principal business activity: PERFORMING ARTS
Address (number and street or rural route): 909 RAILROAD AVE SUITE 1509 — City, village, or post office: ALBANY	NAICS business code number (from NYS Pub 910): 711190

State	ZIP code	Country	Principal product or service	Date business started
NY	12206-1357	US	SCENERY	

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

If *No*, state reason: FORMED IN 2014

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: SHADY TREE, PA	Preparer's NYTPRIN
Firm's name (or yours, if self-employed): SHADY TREE	Preparer's PTIN or SSN: 002321583
Address: SUITE 9051, 1509 OAK STREET, ALBANY NY 12227-1760	Employer identification number
	NYTPRIN excl. code
E-mail: SHADYTREE@SHADYTAXES.COM	

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

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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	189,753
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
SCENIC SCENARIOS PARTNERS	002XX1509

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
THOMAS WAYNE			002321566
Partner's address			
111 MADISON AVENUE			
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	85.0000 %	85.0000 %
2) Loss	H2	85.0000 %	85.0000 %
3) Capital	H3	85.0000 %	85.0000 %

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
SCENIC SCENARIOS PARTNERS	002XX1509

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
BARBARA GORDON	002321588

Partner's address		
222 SECOND AVE		
City	State	ZIP code
ALBANY	NY	12206

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	15.0000 %	15.0000 %
2) Loss	H2	15.0000 %	15.0000 %
3) Capital	H3	15.0000 %	15.0000 %

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 Musical and Theatrical Production Credit

Tax Law – Sections 24-a and 606(u)

IT-642

Fiscal-year 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 your certificate of tax credit.

Name(s) as shown on return	Identifying number as shown on return
	002XX1509

A Credit allocation year *(from your certificate of tax credit)* ..... **A** 2014

B Credit allocation year *(from the partnership's certificate of tax credit)* ..... **B**

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

1 Empire State musical and theatrical production tax credit *(see instructions)* **1** 12500 00

Fiduciaries: Include the line 1 amount on line 4.
All others: Enter the line 1 amount on line 8.

Schedule B – Partner's, shareholder's, or beneficiary's share of credit *(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, S corporation, or estate or trust. For *Type*, enter ***P*** for partnership, ***S*** for S corporation, or ***ET*** for estate or trust *(use additional Form(s) IT-642 if necessary)*.

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

2 Total column D amounts from additional Form(s) IT-642, if any *(see instructions)* **2** 00

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

Fiduciaries: Include the line 3 amount on line 4.
All others: Enter the line 3 amount on line 9.

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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 Total column C amounts from additional Form(s) IT-642, if any	**5**		00
6 Share of credit allocated to beneficiaries *(add column C amounts, including any amount from line 5)*	**6**		00
7 Fiduciary's share of credit *(subtract line 6 from line **4**; enter here and on line 10)*	**7**		00

Schedule D – Computation of credit

Individuals and partnerships	**8**	Enter the amount from line 1	**8**		00
Partners, S corporation shareholders, beneficiaries	**9**	Enter the amount from line 3	**9**		00
Fiduciaries	**10**	Enter the amount from line 7	**10**		00
	11	**Total credit** *(add lines 8, 9, and 10; see instructions)*	**11**		00

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Department of Taxation and Finance

Hire a Veteran Credit

Tax Law – Article 22, Section 606(a-2)

IT-643

NEW YORK STATE 2015

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

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

A Business's employer identification number (EIN) ..... **A** 002321577

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

C If you have the **required** Form DTF-75 for each veteran for whom you are claiming this credit, mark an ***X*** in the box (see *Employee affidavit* in instructions). ..... **C** ■

Part 1 – Computation of credit for qualified veterans

A Veteran's name			B Social security number of qualified veteran	C Employment period *(see instructions)*	D Wages paid *(see instructions)*		E Multiply column D by 10% (.10)		F Enter lesser of column E or $5,000	
First name	MI	Last name								
OSCAR	J	WENDT	002321574	6/15/2014 - 12-31-2015	64500	00		00		00
PHILIP	K	KIDD	002321584	11/1/2014 - 12-25-2015	41250	00		00		00
						00		00		00
						00		00		00

1 Total column F amounts from additional Form(s) IT-643, if any **1** 00

2 Total of column F amounts *(including any amount from line 1)* **2** 00

Part 2 – Computation of credit for qualified disabled veterans

A Veteran's name			B Social security number of qualified disabled veteran	C Employment period *(see instructions)*	D Wages paid *(see instructions)*		E Multiply column D by 15% (.15)		F Enter lesser of column E or $15,000	
First name	MI	Last name								
BYTOR	R	SNOWDOG	002321591	12/5/2014 - 12-30-2015	134500	00		00		00
ELRON	O	RIVENDELL	002321595	10/25/2014 - 12/20/2015	78425	00		00		00
						00		00		00
						00		00		00

3 Total column F amounts from additional Form(s) IT-643, if any **3** 00

4 Total of column F amounts *(including any amount from line 3)* **4** 00

5 Total credit *(add lines **2** and 4)* **5** 00

Individuals and partnerships: Enter the line 5 amount on line 12.
Fiduciaries: Include the line 5 amount on line 8.

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Schedule B – Partner's, shareholder's, or beneficiary's share of credit *(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, 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	
				00
				00
				00

6 Total column D amounts from additional Form(s) IT-643, if any	**6**		00
7 Total of column D amounts *(including any amount from line 6)*	**7**		00

Fiduciaries: Include the line 7 amount on line 8.
All others: Enter the line 7 amount on line 13.

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

8 Total *(fiduciaries: add line 5 and line 7)*	**8**		00

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

9 Total column C amounts from additional Form(s) IT-643, if any	**9**		00
10 Share of credit allocated to beneficiaries *(add column C amounts, including any amount from line 9)*	**10**		00
11 Fiduciary's share *(subtract line 10 from line **8**; enter here and on line 14)*	**11**		00

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Schedule D – Computation of credit

Individuals and partnerships	**12**	Enter the amount from line 5	**12**		00
Partners, S corporation shareholders, beneficiaries	**13**	Enter the amount from line 7	**13**		00
Fiduciaries	**14**	Enter the amount from line 11	**14**		00
	15	**Total credit** *(add lines 12 through 14)*	**15**		00

Partnerships: Enter the line 15 amount and code ***643*** on Form IT-204, line 147.
All others: Complete Schedule E.

Schedule E – 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 15 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 **15**)*	**20**		00

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Department of Taxation and Finance

Workers with Disabilities Tax Credit

Tax Law – Article 22, Section 606(zz)

IT-644

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

All other filers enter tax period:

Beginning *(mmddyyyy)*	Ending *(mmddyyyy)*

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

Name(s) as shown on return	Identifying number as shown on return
SCENIC SCENARIOS PARTNERS	002xx1509

A Enter the name of the business certified by the NYS Department of Labor to participate in the Workers with Disabilities Tax Credit Program ..... **A** THEATER CREATIONS

B Enter the certified business's EIN ..... **B** 002321559

C Enter the total number of qualified full-time employees claimed for this credit ..... **C** 2

D Enter the total number of qualified part-time employees claimed for this credit ..... **D** 1

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

Part 1 – Credit for qualified full-time employees *(see instructions)*

A Qualified employee's social security number	B Qualified employee's hire date *(mmddyyyy)*	C Qualified employee's termination date *(mmddyyyy)*	D Qualified wages paid *(see instructions)*	E Multiply column D by 15% (.15)	F Enter lesser of column E or 5,000
002321561	01022015	11302015	54000 00	00	00
002321587	03012015	12152015	29650 00	00	00
			00	00	00
			00	00	00
			00	00	00

1 Total of column F amounts from additional Form(s) IT-644, if any **1** 00

2 Add column F amounts *(include any amount on line 1)* **2** 00

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Schedule A – Individual (including sole proprietor), partnership, and estate or trust *(see instructions) (cont'd)*

Part 2 – Credit for qualified part-time employees *(see instructions)*

A Qualified employee's social security number	B Qualified employee's hire date *(mmddyyyy)*	C Qualified employee's termination date *(mmddyyyy)*	D Qualified wages paid *(see instructions)*	E Multiply column D by 10% (.10)	F Enter lesser of column E or 2,500
002321564	02042015	12152015	21450 00	00	00
			00	00	00
			00	00	00
			00	00	00
			00	00	00

3 Total of column F amounts from additional Form(s) IT-644, if any	**3**		00
4 Add column F amounts *(include any amount on line 3)*	**4**		00
5 Total credit *(add lines **2** and 4)*	**5**		00

Individuals and partnerships: Enter the line 5 amount on line 12.
Fiduciaries: Include the line 5 amount on line 8.

Schedule B – Partner's, shareholder's, or beneficiary's share of credit *(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, 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
			00
			00
			00

6 Total of column D amounts from additional Form(s) IT-644, if any	**6**		00
7 Add total column D amounts *(include any amount on line 6)*	**7**		00

Fiduciaries: Include the line 7 amount on line 8.
All others: Enter the line 7 amount on line 13.

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

8 Total *(fiduciaries: add line **5** and line 7)*	8		00

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

9 Total of column C amounts from additional Form(s) IT-644, if any	9		00
10 Share of credit allocated to beneficiaries *(add column C amounts; include any amount on line 9)*	10		00
11 Fiduciary's share *(subtract line 10 from line 9; see instructions)*	11		00

Schedule D – Computation of credit

Individuals and partnerships	12	Enter the amount from line 5	12		00
Partners, S corporation shareholders, beneficiaries	13	Enter the amount from line 7	13		00
Fiduciaries	14	Enter the amount from line 11	14		00
	15	Enter the carryover credit from last year's Form IT-644 ***(leave blank, not applicable for this tax year)***	15		
	16	**Total credit** *(add lines 12 through 15)*	16		00

Partnerships: Enter the line 16 amount and code ***644*** on Form IT-204, line 147.
All others: Complete Schedule E.

Schedule E – Application of credit and computation of carryover

17 Tax due before credits *(see instructions)*	17		00
18 Tax credits claimed before this credit *(see instructions)*	18		00
19 Subtract line 18 from line 17	19		00
20 Credit used for the current tax year *(enter the amount from line 16 or line 19, whichever is less; see instr.)*	20		00
21 Amount of credit available for carryover to next year *(subtract line 20 from line 16)*	21		00

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Department of Taxation and Finance

Recapture of START-UP NY Tax Benefits

Tax Law – Sections 39 and 39-a

IT-645

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
SCENIC SCENARIO PARTNERS	002XX1509

A Certificate number from Form DTF-74, *Certificate of Eligibility,* issued to the approved START-UP NY business *(see instructions)* **A** 2014-DTF-1509

B Employer identification number (EIN) of certified START-UP NY business ..... **B** 002321586

Complete either Schedule A or Schedule B *(see instructions)*

Schedule A – Proportional recovery of tax benefits *(see instructions)*

		Beginning *(mmddyyyy)*	Ending *(mmddyyyy)*
1 Beginning and ending dates of the year subject to proportional recovery	**1**	01/01/2014	12/31/2014

2 Year of START-UP NY business tax benefit period (1 through 10) **2** 1

Proportional recovery percentage

3 Benchmark net new jobs	**3**	45		
4 Net new jobs actually created	**4**	37		
5 Subtract line 4 from line 3	**5**			
6 Proportional recovery percentage *(divide line 5 by line 3)*			**6**	%

START-UP NY tax elimination credit *(see instructions)*

7 Credit claimed	**7**	12,500	00		
8 Proportional recovery percentage from line 6	**8**	%			
9 Recapture of credit *(multiply line 7 by line 8)*				**9**	00

START-UP NY telecommunication service excise tax credit *(see instructions)*

10 Credit claimed	**10**	1,364	00		
11 Proportional recovery percentage from line 6	**11**	%			
12 Recapture of credit *(multiply line 10 by line 11)*				**12**	00

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Schedule A – Proportional recovery of tax benefits *(continued)*

Metropolitan Commuter Transportation Mobility Tax (MCTMT) *(see instructions)*

There is no entry for MCTMT

13	MCTMT for payroll expenses previously excluded	**13**	00		
14	Proportional recovery percentage from line 6	**14**	%		
15	Recapture of MCTMT *(multiply line 13 by line 14)*			**15**	00

Sales and use tax *(see instructions)*

16	Credit claimed	**16**	3,145 00		
17	Proportional recovery percentage from line 6	**17**	%		
18	Recapture of credit *(multiply line 16 by line 17)*			**18**	00

Real estate transfer tax *(see instructions)*

19	Transfer tax exempted	**19**	465 00		
20	Proportional recovery percentage from line 6	**20**	%		
21	Recapture of transfer tax *(multiply line 19 by line 20)*			**21**	00
22	Total *(add lines 9, 12, 15, 18, and 21)*			**22**	00

Fiduciary: Enter the amount from line 22 on line 32.
All others: Enter the amount from line 22 on line 35.

Schedule B – Recapture of tax benefits due to fraud *(see instructions)*

23	START-UP NY tax elimination credit	**23**	00
24	START-UP NY telecommunication service excise tax credit	**24**	00
25	Metropolitan Commuter Transportation Mobility Tax (MCTMT)	**25**	00
26	Sales and use tax	**26**	00
27	Real estate transfer tax	**27**	00
28	Wage exclusion claimed by employees	**28**	00
29	Total recapture due to fraud *(add lines 23 through 28)*	**29**	00

Fiduciary: Enter the amount from line 29 on line 32.
All others: Enter the amount from line 29 on line 35.

Schedule C – Partnership, New York S corporation, and estate and 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-645 if necessary)*.

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

30 Total column E amounts from additional Form(s) IT-645	**30**		00
31 Total credits *(add column E amounts, including any amount from line 30)*	**31**		00

Fiduciary: Include the line 31 amount on line 32.
All others: Enter the line 31 amount on line 36.

Schedule D – Beneficiary's and fiduciary's share of recapture

32 Total *(fiduciaries: enter the amount from line 22 or line 29 plus the amount from line 31)*	**32**		00

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

33 Share of credit allocated to beneficiaries *(add column C amounts)*	**33**		00
34 Fiduciary's share of recapture *(subtract line 33 from line 32; enter here and on line 37)*	**34**		00

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Schedule E – Computation of recapture

Individual and partnership	**35**	Enter the amount from line 22 or line 29	**35**		00
Partner, S corporation shareholder, beneficiary	**36**	Enter the amount from line 31	**36**		00
Fiduciary	**37**	Enter the amount from line 34	**37**		00
	38	**Total recapture** *(add lines 35, 36, and 37; see instructions)*	**38**		00

Individuals: Enter the line 38 amount and code ***645*** on Form IT-201-ATT, line 20 or Form IT-203-ATT, line 19.
Partnerships: Enter the line 38 amount and code ***645*** on Form IT-204, line 148.
Fiduciaries: Include the line 38 amount on Form IT-205, line 12.

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Department of Taxation and Finance

Employee Training Incentive Program Tax Credit

IT-646

Tax Law – Article 22, Section 606(ddd)

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

All other filers enter tax period:

Beginning *(mmddyyyy)*	Ending *(mmddyyyy)*

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 Empire State Development (ESD).

Name(s) as shown on return	Identifying number as shown on return
SCENIC SCENARIOS PARTNERS	002XX1509

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

A Name of the business certified by ESD to participate in the Employee Training Incentive Program (E-TIP) ..... **A** THEATER CREATIONS

B Certified business's employer identification number (EIN) ..... **B** 002321559

C E-TIP project number from the certificate of tax credit ..... **C** 2015-1509

D Enter the total number of employees included in this claim for credit ..... **D** 2

E Enter the total number of interns included in this claim for credit ..... **E** 1

1 E-TIP tax credit *(see instructions)* **1** 23,000 00

Individuals and partnerships: Enter the line 1 amount on line 8.
Fiduciaries: Include the line 1 amount on line 4.

Schedule B – Partner's, shareholder's, or beneficiary's share of credit *(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, 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
			00
			00
			00

2 Total column D amounts from additional Form(s) IT-646, if any **2** 00

3 Add column D amounts *(including any amount from line 2)* **3** 00

Fiduciaries: Include the line 3 amount on line 4.
All others: Enter the line 3 amount on line 9.

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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 Total column C amounts from additional Form(s) IT-646, if any.....	**5**		00
6 Share of credit allocated to beneficiaries *(add column C amounts, including any amount from line 5)*	**6**		00
7 Fiduciary's share of credit *(subtract line 6 from line **4**; enter the result here and on line 10)*	**7**		00

Schedule D – Computation of credit

Individuals and partnerships	**8**	Enter the amount from line 1	**8**		00
Partners, S corporation shareholders, beneficiaries	**9**	Enter the amount from line 3	**9**		00
Fiduciaries	**10**	Enter the amount from line 7	**10**		00
	11	**Total credit** *(add lines 8, 9, and 10; see instructions)*	**11**		00

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IT-644 Workers with Disabilities Tax Credit 2015

NEW YORK STATE DEPARTMENT OF LABOR

CERTIFICATE OF ELIGIBILITY

NYS DOL

Workers with Disabilities Tax Credit

MAXIMUM CREDIT FOR TAX YEAR 2015 IS $12,500

For Testing Purposes Only

NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE