





# Fiduciary Income Tax Return

Type of entity from Form 1041:

2015

For the full year Jan. 1, 2015, through Dec. 31, 2015, or fiscal year beginning **15** and ending

- Decedent's estate
- Simple trust
- Complex trust
- Qualified disability trust
- ESBT (S portion only)
- Grantor type trust
- Bankruptcy estate-Ch. 7
- Bankruptcy estate-Ch. 11
- Pooled income fund

Name of estate or trust (as shown on federal Form SS-4)		Date entity created
Name and title of fiduciary		Identification number of estate or trust
Address of fiduciary (number and street or rural route)		Decedent's social security number (SSN) (see instr.)
City, village, or post office	State	ZIP code
Country:		Mark an <b>X</b> in the applicable box: Initial return <input type="checkbox"/> Final return <input type="checkbox"/>
<input type="checkbox"/> Trust meets conditions of section 605(b)(3)(D)		
Amended return (submit explanation) <input type="checkbox"/>	Income distribution deduction (see instructions, Form IT-205-I) <input type="text"/>	Number of beneficiaries <input type="text"/>
		Qualifying special conditions for filing your 2015 tax return (see instructions) <input type="text"/>

	<b>A</b> Total income (from back page, line 51) .....	<b>A</b>	.00
	<b>B</b> New York adjusted gross income from NYAGI worksheet, line 5 (see instructions) .....	<b>B</b>	.00
	<b>C</b> Amount from Form IT-205-A, Schedule 1, line 10, column a .....	<b>C</b>	.00
	<b>1</b> Federal taxable income of fiduciary (from back page, line 62) .....	<b>1</b>	.00
	<b>2</b> New York modifications relating to amounts allocated to principal .....	<b>2</b>	.00
	<b>3</b> Balance (line 1 and add or subtract line 2) .....	<b>3</b>	.00
	<b>4</b> Fiduciary's share of New York fiduciary adjustment (from back page, Schedule C, column 5) .....	<b>4</b>	.00
	<b>5</b> New York taxable income of fiduciary (line 3 and add or subtract line 4) .....	<b>5</b>	.00
	<b>6</b> State tax on line 5 amount (full-year resident estate and trust only) .....	<b>6</b>	.00
	<b>7</b> New York State amount from Form IT-230, Part 2, line 2 (resident estate and trust only) .....	<b>7</b>	.00
	<b>8</b> Add lines 6 and 7 .....	<b>8</b>	.00
	<b>9</b> Allocated New York State tax (from Form IT-205-A, Schedule 1, line 13) • If you completed Form IT-230, Part 2, mark an <b>X</b> in this box <input type="checkbox"/> .....	<b>9</b>	.00
	<b>10</b> Nonrefundable state credits (submit schedule) .....	<b>10</b>	.00
	<b>11</b> Subtract line 10 from line 8 or line 9 .....	<b>11</b>	.00
	<b>12</b> State separate tax on lump-sum distributions and other addbacks .....	<b>12</b>	.00
	<b>13</b> This line intentionally left blank .....	<b>13</b>	
	<b>14</b> Total New York State tax (add lines 11 and 12; see instructions) .....	<b>14</b>	.00
	<b>15a</b> New York City resident tax on line 5 amount (see instructions) .....	<b>15a</b>	.00
	<b>15b</b> New York City part-year resident tax (see instructions) .....	<b>15b</b>	.00
	<b>16</b> New York City amount from Form IT-230, Part 2, line 2 (see instructions) .....	<b>16</b>	.00
	<b>17</b> Add line 15a or 15b to line 16 .....	<b>17</b>	.00
	<b>18</b> New York City accumulation distribution credit .....	<b>18</b>	.00
	<b>19</b> Subtract line 18 from line 17 (if less than zero, leave blank) .....	<b>19</b>	.00
	<b>20</b> New York City separate tax on lump-sum distributions (see instructions) .....	<b>20</b>	.00
	<b>21</b> Add lines 19 and 20 .....	<b>21</b>	.00
	<b>22</b> Other New York City credits (see instructions) .....	<b>22</b>	.00
	<b>23</b> Subtract line 22 from line 21 (if less than zero, leave blank) .....	<b>23</b>	.00
	<b>24</b> This line intentionally left blank .....	<b>24</b>	
	<b>25</b> Yonkers resident income tax surcharge from Yonkers worksheet, line e (see instructions) .....	<b>25</b>	.00
	<b>26</b> Yonkers part-year resident tax (from Form IT-205-A-I, Worksheet C, line 14) .....	<b>26</b>	.00
	<b>27</b> Yonkers nonresident fiduciary earnings tax (from Form Y-206) .....	<b>27</b>	.00
	<b>28</b> Sales or use tax (see instructions) .....	<b>28</b>	.00
	<b>29</b> Total NYS, NYC, Yonkers taxes, and sales or use tax (add lines 14 and 23 through 28; see instructions) .....	<b>29</b>	.00
	<b>30</b> Estimated tax paid (including payments made with Form IT-370-PF) .....	<b>30</b>	.00
	<b>31</b> Estimated tax payments allocated to beneficiaries (from Form IT-205-T) .....	<b>31</b>	.00
	<b>32</b> Subtract line 31 from line 30 .....	<b>32</b>	.00
	<b>33</b> Refundable credits Identify: <input type="text"/>	<b>33</b>	.00
	<b>34</b> New York State tax withheld .....	<b>34</b>	.00
	<b>35</b> New York City tax withheld .....	<b>35</b>	.00
	<b>36</b> Yonkers tax withheld .....	<b>36</b>	.00
	<b>37</b> Total (add lines 32 through 36) .....	<b>37</b>	.00
	<b>38</b> If line 37 is more than the total of lines 29 and 42, enter the overpayment <input type="text"/>	<b>38</b>	.00
	<b>39</b> Amount of line 38 to be refunded to you .....	<b>39</b>	.00
	<b>40</b> Amount of line 38 to be credited to 2016 estimated tax .....	<b>40</b>	.00
	<b>41</b> If line 37 is less than the total of lines 29 and 42, enter amount you owe <input type="text"/>	<b>41</b>	.00
	<b>42</b> Estimated tax penalty (will reduce line 38 or increase line 41; see instr.) <input type="text"/>	<b>42</b>	.00

Make check or money order payable to **NY State Income Tax**; write the estate or trust's employer identification number and **2015 Fiduciary Income Tax** on it; complete Form IT-205-V and mail it with the payment and the completed return to the appropriate address in the instructions.



**Schedule A – Details of federal taxable income of a fiduciary of a resident estate or trust**

Enter items as reported for federal tax purposes or submit federal Form 1041.

Income	43	Interest income .....	43	.00
	44	Dividends .....	44	.00
	45	Business income (or loss) (submit copy of federal Schedule C or C-EZ, Form 1040) .....	45	.00
	46	Capital gain (or loss) (submit copy of federal Schedule D, Form 1041) .....	46	.00
	47	Rents, royalties, partnerships, other estates & trusts (submit copy of fed Sch E, Form 1040) .....	47	.00
	48	Farm income (or loss) (submit copy of federal Schedule F, Form 1040) .....	48	.00
	49	Ordinary gain (or loss) (submit copy of federal Form 4797) .....	49	.00
	50	Other income (state nature of income) .....	50	.00
	51	Total income (add lines 43 through 50; enter here and on front page, line A) .....	51	.00
	Deductions	52	Interest .....	52
53		Taxes .....	53	.00
54		Fiduciary fees .....	54	.00
55		Charitable deduction .....	55	.00
56		Attorney, accountant, and return preparer fees .....	56	.00
57		Other deductions (itemize on an additional sheet) .....	57	.00
58		Income distribution deduction (submit copy of federal Schedules K-1, Form 1041, for each beneficiary) .....	58	.00
59		Estate tax deduction (submit computation) .....	59	.00
60		Exemption (federal) .....	60	.00
61		Total (add lines 52 through 60) .....	61	.00
62	Federal taxable income of fiduciary (subtract line 61 from line 51; enter here and on front page, line 1) .....	62	.00	

**Schedule B – New York fiduciary adjustment of a resident or a nonresident estate or trust or a part-year resident trust**

Additions	63	Interest income on state and local bonds other than New York (gross amount not included in federal income) ..	63	.00
	64	Income taxes deducted on federal fiduciary return (see instructions) .....	64	.00
	65	Other (from Form IT-225, line 9; see instructions) .....	65	.00
	66	Total additions (add lines 63, 64, and 65) .....	66	.00
Subtractions	67	Interest income on US obligations included in federal income	67	.00
	68	Other (from Form IT-225, line 18; see instructions) .....	68	.00
	69	Total subtractions (add lines 67 and 68) .....	69	.00
	70	New York fiduciary adjustment (difference between lines 66 and 69 to be entered as total of column 5 below) ..	70	.00

**Schedule C – Shares of New York fiduciary adjustment of a resident or a nonresident estate or trust or a part-year resident trust**

Submit additional sheets if necessary.			2 Identifying number of each beneficiary	Shares of federal distributable net income (see instructions)		5 Shares of New York fiduciary adjustment
1 Name and address of each beneficiary. Check box if beneficiary is a nonresident of:	New York State	Yonkers		3 Amount	4 Percent	
(a)	<input type="checkbox"/>	<input type="checkbox"/>		.00		.00
(b)	<input type="checkbox"/>	<input type="checkbox"/>		.00		.00
The total of Schedule C, column 5, should be the same as Schedule B, line 70 above. (see instructions)			Fiduciary	.00		.00
			Totals	.00	100%	.00

- A If inter vivos trust, enter name and address of grantor: \_\_\_\_\_
- B If revocable trust which changed state or city residence during the year, enter the date of the change of residence (see instructions): \_\_\_\_\_
- C Resident status – mark an X in all boxes that apply: (3)  NYS full-year nonresident estate or trust (6)  Yonkers full-year resident estate or trust  
 (1)  NYS full-year resident estate or trust (4)  NYC full-year resident estate or trust (7)  Yonkers part-year resident trust  
 (2)  NYS part-year resident trust (5)  NYC part-year resident trust (8)  Yonkers full-year nonresident estate or trust
- D If an estate, indicate last known address of decedent \_\_\_\_\_
- E Nonresident estate - indicate state of residency \_\_\_\_\_
- F Submit a list of executors or trustees with their addresses and identification numbers (SSN or EIN). \_\_\_\_\_
- G If a grantor trust, enter the identification number (SSN or EIN) of the individual reporting the income/loss \_\_\_\_\_
- H Has the estate or trust (or an entity of which the estate or trust 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

Third-party designee? (see instr.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name		PIN (see instr.)		▼ Sign return here ▼	
	E-mail:		Phone: ( )		Signature of fiduciary or officer representing fiduciary		
Paid preparer must complete (see instr.)	Preparer's signature		Preparer's NYTPRIN		NYTPRIN excl. code		Date
	Preparer's printed name		Preparer's PTIN or SSN		Date		
Firm's name (or yours, if self-employed)			Firm's EIN			E-mail	
Preparer's address							



# Claim for QEZE Tax Reduction Credit

# IT-604

Tax Law - Section 16

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

All filers enter tax period: beginning  ending

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

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

Mark an **X** in the box if you are a Clean Energy Enterprise (CEE) (see Definitions for all QEZEs in the instructions)

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

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

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

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

## Schedule A – Employment test for QEZEs first certified prior to April 1, 2005 (see instructions)

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

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

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

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

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

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

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

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



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

Current tax year employment number	March 31	June 30	September 30	December 31	Total	
Number of full-time employees inside NYS and outside all EZs						
<b>4</b> Current tax year employment number inside NYS and outside all EZs (do not round) .....						<b>4</b>
Base period employment number	Tax year ending (mm-yyyy)	March 31	June 30	September 30	December 31	Total
Number in base year one						
Number in base year two						
Number in base year three						
Number in base year four						
Number in base year five						
Total number of full-time employees inside NYS and outside EZs in the base period .....						
<b>5</b> Base period employment number inside NYS and outside all EZs (do not round) .....						<b>5</b>
<b>6</b> Does the amount on line 4 equal or exceed the amount on line 5? (see instructions) ..... Yes <input type="checkbox"/> No <input type="checkbox"/>						
If <b>No, stop</b> ; you are not eligible for the QEZE tax reduction credit.						

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

Test year (mm-yyyy) _____ to _____	March 31	June 30	September 30	December 31	Total	
Number of full-time employees within the EZs .....						
<b>7</b> Test year employment number within the EZs in which you are certified (see instructions) .....						<b>7</b>

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

<b>8</b> Current tax year employment number within the EZs in which you are certified (see instructions) .....	<b>8</b>	
<b>9</b> Test year employment number within the EZs in which you are certified (from line 7) .....	<b>9</b>	
<b>10</b> Subtract line 9 from line 8 .....	<b>10</b>	
<b>11</b> Divide line 10 by line 9 (round the result to the fourth decimal place; if line 9 is zero and line 8 is greater than zero, enter 1 here) .....	<b>11</b>	
<b>12</b> Divide line 10 by 100 (round the result to the fourth decimal place) .....	<b>12</b>	
<b>13</b> Employment increase factor (enter the greater of line 11 or 12, but not more than 1.0) .....	<b>13</b>	

**Partnerships** – Enter the line 13 amount on Form IT-204, line 133.  
**All others** – Enter the line 13 amount on line 26.



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

**A – EZ**

**B – New York State**

<b>14</b> Average value of property (see instructions) .....	<b>14</b>	.00	<b>14</b>	.00
<b>15</b> EZ property factor (divide line 14, column A, by line 14, column B; round the result to the fourth decimal place)	<b>15</b>			
<b>16</b> Wages and other compensation of employees (see instr.)	<b>16</b>	.00	<b>16</b>	.00
<b>17</b> EZ payroll factor (divide line 16, column A, by line 16, column B; round the result to the fourth decimal place)	<b>17</b>			
<b>18</b> Total EZ factors (add lines 15 and 17) .....	<b>18</b>			
<b>19</b> Zone allocation factor (divide line 18 by two; round the result to the fourth decimal place) .....	<b>19</b>			

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

**Schedule E – Tax factor**

<b>20</b> 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)	<b>20</b>	.00
<b>21</b> Enter the amount of your income from the QEZE allocated within NYS (see instructions) .....	<b>21</b>	.00
<b>22</b> New York adjusted gross income (see instructions) .....	<b>22</b>	.00
<b>23</b> Divide line 21 by line 22 (the result cannot exceed one; round the result to the fourth decimal place) ...	<b>23</b>	
<b>24</b> Multiply line 20 by line 23; this is your tax factor (enter here and on line 28) .....	<b>24</b>	.00

**Schedule F – QEZE tax reduction credit** (see instructions)

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

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

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

**All others** – See instructions.

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



**Schedule G – Beneficiary’s and fiduciary’s share of QEZE income** (see instructions)

A Beneficiary’s name <i>(same as on Form IT-205, Schedule C)</i>	B Identifying number	C Share of QEZE income
<b>Total</b>		.00
		.00
		.00
<b>Fiduciary</b>		.00

**Schedule H – Related entities**

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

Name	EIN

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

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

# Claim for QEZE Tax Reduction Credit

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

All filers enter tax period: beginning  ending

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

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

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

## Schedule J – Employment test for QEZE first certified on or after April 1, 2005 (see instructions)

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

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

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

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

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

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

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

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

(continued)



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

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

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

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

Total number of full-time employees in New York State for the base period ..... **38**

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

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

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

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

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

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

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

<b>41</b> Current year employment number within the EZs in which you are certified (see instructions) .....	<b>41</b>	
<b>42</b> Test year employment number within the EZs in which you are certified (from line 40) .....	<b>42</b>	
<b>43</b> Subtract line 42 from line 41 .....	<b>43</b>	
<b>44</b> Divide line 43 by line 42 (round the result to the fourth decimal place; if line 42 is zero and line 41 is greater than zero, enter 1 here) .....	<b>44</b>	
<b>45</b> Divide line 43 by 100 (round the result to the fourth decimal place) .....	<b>45</b>	
<b>46</b> Employment increase factor (enter the greater of line 44 or 45, but not more than 1.0).....	<b>46</b>	

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

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



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

**A – EZ**

**B – New York State**

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

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

**Schedule N – Tax factor**

<b>53</b> 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)	<b>53</b>	.00
<b>54</b> Enter the amount of your income from the QEZE allocated within NYS (see instructions) .....	<b>54</b>	.00
<b>55</b> New York adjusted gross income (see instructions) .....	<b>55</b>	.00
<b>56</b> Divide line 54 by line 55 (the result cannot exceed one; round the result to the fourth decimal place) ...	<b>56</b>	
<b>57</b> Multiply line 53 by line 56; this is your tax factor (enter here and on line 61) .....	<b>57</b>	.00

**Schedule O – QEZE tax reduction credit** (see instructions)

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



**Schedule P – Beneficiary’s and fiduciary’s share of QEZE income** (see instructions)

<b>A</b> Beneficiary’s name <i>(same as on Form IT-205, Schedule C)</i>	<b>B</b> Identifying number	<b>C</b> Share of QEZE income
<b>Total</b>		.00
		.00
		.00
<b>Fiduciary</b>		.00

**Schedule Q – Related entities**

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

Name	EIN





Department of Taxation and Finance

# Claim for EZ Investment Tax Credit and EZ Employment Incentive Credit

# IT-603

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

2015 calendar-year filers, mark an X in the box:

Other filers must enter tax period:

beginning  ending

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

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

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

Name(s) as shown on your return	Taxpayer identification number
Name of empire zone (EZ)	

## Schedule A – EZ employment incentive credit (EZ-EIC)

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

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

\* Divide the average number of employees in the EZ for the period covered by this claim by the average number of employees in the EZ during the employment base year (column G).

### Part 2 – Computation of EZ-EIC

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

1 Total EZ-EIC for the current tax year (enter column C total here) ..... **1**  .00

(continued on page 2)

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

If you were a partner in a partnership, a shareholder of a New York S corporation, or a beneficiary of an estate or trust and received a share of the EZ-EIC from that entity, complete the following information for each partnership, S corporation, or estate or trust. For *Type*, enter **P** for partnership, **S** for S corporation, or **ET** for estate or trust.

Name	Type	Employer ID number

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

<b>Partner</b>	<b>2</b>	Enter your share of the credit from your partnership .....	<b>2</b>	.00
<b>S corporation shareholder</b>	<b>3</b>	Enter your share of the credit from your S corporation .....	<b>3</b>	.00
<b>Beneficiary</b>	<b>4</b>	Enter your share of the credit from the estate or trust .....	<b>4</b>	.00
	<b>5</b>	<b>Total</b> (add lines 2, 3, and 4) .....	<b>5</b>	.00

**Fiduciaries** (that are also a partner, a shareholder, or beneficiary of another entity): Include the line 5 total in the *Totals* line of Schedule D, column C.

**All others:** Enter the line 5 amount on Schedule F, line 12.

**Schedule D – Beneficiary’s and fiduciary’s share of credit and recapture of credit**

<b>A</b> Beneficiary’s name (same as on Form IT-205, Schedule C)	<b>B</b> Identifying number	<b>C</b> Share of EZ-EIC	<b>D</b> Share of recapture of credit
Totals		.00	.00
		.00	.00
		.00	.00
Fiduciary		.00	.00

(continued on page 3)



**Schedule E – Computation of recapture of EZ-ITC and EZ-EIC**

A Description of property	B Date acquired	C Date property ceased to qualify	D Life (months)	E Unused life (months)	F Percentage (E + D)	G EZ-ITC allowed (see instructions)	H Recaptured EZ-ITC (F × G)	I Recaptured EZ-EIC (see instructions)
						.00	.00	.00
						.00	.00	.00
						.00	.00	.00
						.00	.00	.00
						.00	.00	.00
						.00	.00	.00
<b>6</b> Recaptured EZ-ITC (add column H amounts) .....						<b>6</b>	.00	
<b>7</b> Recaptured EZ-EIC (add column I amounts) .....						<b>7</b>		.00
<b>8</b> Additional recapture (see instructions) .....						<b>8</b>	.00	

<b>9</b> Partners in a partnership, shareholders of an S corporation, or beneficiaries of an estate or trust, enter your share of addback of the EZ-ITC and EZ-EIC (see instructions) .....	<b>9</b>	.00
<b>10</b> Add lines 6 through 9 .....	<b>10</b>	.00

**Fiduciaries:** Include the line 10 amount in the *Totals* line of Schedule D, column D.  
**All others:** Enter the line 10 amount on line 17.

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

<b>Individuals and partnerships</b>	<b>11</b>	Enter the amount from line 1	<b>11</b>	.00
<b>Partners, S corporation shareholders, beneficiaries</b>	<b>12</b>	Enter the total from Schedule C, line 5	<b>12</b>	.00
<b>Fiduciaries</b>	<b>13</b>	Enter the amount from Schedule D, <i>Fiduciary</i> line, column C	<b>13</b>	.00
	<b>14</b>	EZ-EIC computed for the current tax year (add lines 11, 12, and 13)	<b>14</b>	.00
	<b>15</b>	Enter the available carryover of unused EZ-ITC or EZ-EIC from preceding period(s)	<b>15</b>	.00
	<b>16</b>	<b>Total</b> EZ-ITC and EZ-EIC (add lines 14 and 15)	<b>16</b>	.00
<b>17</b> Total recapture of all investment tax credits taken in previous period ( <i>Fiduciaries: enter the amount from the Fiduciary line of Schedule D, column D; all others: enter the amount from line 10.</i> ) .....	<b>17</b>			.00
<b>18</b> Net EZ-ITC and EZ-EIC available for use ( <i>Subtract line 17 from line 16; see instructions. If line 17 is greater than line 16, do not enter an amount on line 18; go to line 19.</i> ) .....	<b>18</b>			.00
<b>19</b> Net EZ-ITC recapture amount ( <i>subtract line 16 from line 17; see instructions</i> ) .....	<b>19</b>			.00

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

<b>20</b> EZ-ITC and EZ-EIC available for use this tax year (from line 18) .....	<b>20</b>	.00
<b>21</b> Tax due before credits (see instructions) .....	<b>21</b>	.00
<b>22</b> Enter all credits applied against your tax before the EZ-ITC and EZ-EIC (see instructions) .....	<b>22</b>	.00
<b>23</b> Subtract line 22 from line 21 .....	<b>23</b>	.00
<b>24</b> EZ-ITC and EZ-EIC used this year (enter the amount from line 20 or line 23, whichever is less; see instructions) .....	<b>24</b>	.00
<b>25</b> Unused EZ-ITC and EZ-EIC available to be refunded or carried forward (subtract line 24 from line 20) .....	<b>25</b>	.00
<b>26</b> Refundable EZ-EIC (see instructions) .....	<b>26</b>	.00
<b>27</b> Unused EZ-ITC and EZ-EIC available for carryforward to next year (subtract line 26 from line 25) .....	<b>27</b>	.00





Department of Taxation and Finance

# Claim for EZ Wage Tax Credit Including the ZEA Wage Tax Credit

Tax Law – Section 606(k)

# IT-601

2015 calendar-year filers, mark an X in the box:

Other filers enter tax period:

beginning  and ending

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

Name(s) as shown on return	Taxpayer identification number shown on return
Name of zone equivalent area (ZEA) or empire zone (EZ) (if multiple zones, complete Part 3)	Date of zone designation

## Part 1 – Computation of the credit carryover available for the current tax year

1a ZEA wage tax credit carryforward from preceding tax year (see instructions) .....	<b>1a</b>	.00
1b EZ wage tax credit carryforward from preceding tax year (see instructions) .....	<b>1b</b>	.00
1c Add lines 1a and 1b .....	<b>1c</b>	.00
2 Enter your tax from Form IT-201, IT-203, or IT-205 (see below for instructions) .....	<b>2</b>	.00
<b>IT-201 filers</b> – Enter the tax shown on Form IT-201, line 39, and Form IT-230-I, <i>Worksheet A</i> , line 1. <b>IT-203 filers</b> – Enter the tax shown on Form IT-203, line 46, and IT-203-ATT, line 18. <b>IT-205 filers: Residents</b> – Enter the tax shown on Form IT-205, line 8; <b>Nonresidents or part-year residents</b> – Enter the tax shown on Form IT-205, line 9.		
3 Fifty percent limitation (multiply line 2 by 50% (.5)) .....	<b>3</b>	.00
4 Credit available for current tax year (enter the lesser of line 1c or line 3) .....	<b>4</b>	.00

## Part 2 – Computation of credit used and carried over

5 Tax due before credits (see instructions) .....	<b>5</b>	.00
6 Credits applied against the tax before this credit (see instructions) .....	<b>6</b>	.00
7 Subtract line 6 from line 5 .....	<b>7</b>	.00
8 Amount of credit used this year (enter the amount from line 4 or line 7, whichever is less; see instr.) ...	<b>8</b>	.00
9 Amount of credit available for carryover (subtract line 8 from line 1c) .....	<b>9</b>	.00

## Part 3 – Multiple zone information

Name of ZEA or EZ	Date of zone designation

161001150094



## Instructions

The ZEA and EZ wage tax credits have both expired. For tax years beginning after June 13, 2004, you may only claim a ZEA wage tax credit carryover from previous years. For tax years beginning on or after July 1, 2014, you may only claim an EZ wage tax carryover from previous years. Any business that was required to obtain an EZ retention certificate from Empire State Development but was denied one is not eligible to claim any carryover of the credit.

The EZ wage tax credit, including any ZEA wage tax credit, is limited to 50% of the tax imposed under Tax Law section 601 before the allowance of any tax credits.

**Line 1a** – Enter your carryover of ZEA wage tax credit from your 2014 Form IT-601.1, *Claim for ZEA Wage Tax Credit*.

**Line 1b** – Enter your carryover of EZ wage tax credit from your 2014 Form IT-601, *Claim for EZ Wage Tax Credit*.

### Line 5

**Form IT-201 filers:** Enter the tax from Form IT-201, line 39, plus any amount from Form IT-201-ATT, line 21.

**Form IT-203 filers:** Enter the tax from Form IT-203, line 46, plus any amount from Form IT-203-ATT, line 20.

**Form IT-205 filers:** Enter the tax from Form IT-205, line 8 (for residents), or line 9 (for nonresidents), **plus** any credits shown on line 1 of the *Addbacks worksheet*, in the instructions for Form IT-205, line 12.

**Line 6** – If you are applying any credits against the tax before this credit, enter those amounts here.

When applying credits, use the following rules:

- First apply any household credit.
- Next apply any credits that cannot be carried over or refunded.
- Then apply any credits that can be carried over for a limited duration.
- Then apply any credits that can be carried over for an unlimited duration.
- Apply refundable credits last.

**Line 8** – Enter the amount from line 8 and code **161** on Form IT-201-ATT, line 6, or Form IT-203-ATT, line 7, or include it on Form IT-205, line 10.

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

