

DTF-601

1996 calendar yr. filers, check box Other filers enter tax period:

beginning

endina	
enunig	

Taxpayer identification number(s) shown on page 1 of your tax return	File this claim with your corporation franchise
INGINE	tax return, Form CT-3, CT-3-A, CT-3-S, CT-32, CT-32-A, CT-33 or CT-33-A; or file with your
Name of economic development zone (EDZ)	personal income tax return, Form IT-201, IT-203, IT-204 or IT-205.

Claim for EDZ Wage Tax Credit

Tax Law — Sections 210.19, 606(k), 1456(e) and 1511(g)

Circle the tax year for which the economic development zone (EDZ) wage tax credit is being claimed on this return: **1st 2nd 3rd 4th 5th** Line A — Partner in a partnership, New York S corporation shareholder or a beneficiary of a trust: enter your share of the wage tax credit here \$\_\_\_\_\_\_ and on line 14.

You must meet the three eligibility requirements Schedule A before computing the EDZ wage tax				
ent tax year in Schedule B				

Part II - Computation of average number of full-time employees in New York State for the current tax year and four-year test period

Current tax year	3/31	6/30	9/30	12/31	Total
Number of full-time employees in New York State					
2 Average number of full-time employe	ees in New York Sta	ate for current tax	able year	2	
Number of full-time employees in New York State during four-year test period	3/31	6/30	9/30	12/31	Total
Number in 1st year					
Number in 2nd year					
Number in 3rd year					
Number in 4th year					
Total number of full-time employees in N	ew York State for fo	our-year test perio	d		
3 Average number of full-time employed The average number of full-time e employees on line 3 <i>(see instructio</i>	employees on line 2	must exceed the	average number		

Part III - Computation of average number of full-time employees in the EDZ for the current tax year and four-year test period

Current tax year	3/31	6/30	9/30	12/31	Total
Number of full-time employees in EDZ					
4 Average number of full-time employe	es in the EDZ for	the current tax yea	ar		
Number of full-time employees in EDZ during four-year test period	3/31	6/30	9/30	12/31	Total
Number in 1st year					
Number in 2nd year					
Number in 3rd year					
Number in 4th year					
Total number of full-time employees in the	e EDZ for the four	-year test period			
5 Average number of full-time employe The average number of full-time en full-time employees on line 5 (see )	mployees on line 4	I must exceed the	average number	_	

## Schedule B – Computation of the EDZ Wage Tax Credit for the Current Tax Year

#### Part I - Computation of EDZ wage tax credit

Current tax year	3/31	6/30	9/30	12/31		Total
Number of qualified employees in New York State						
6 Average number of qualified employe	es				6	
7 Wage tax credit per employee					7	\$1500 <u>00</u>
8 Amount of EDZ wage tax credit (multi	ply line 6 by line 7)				8	

### Part II - Computation of EDZ wage tax credit for employees not included in Schedule B, Part I

Current tax year	3/31	6/30	9/30	12/31	Total
Number of qualified employees in New York State					
9 Average number of qualified employe	es				
10 Wage tax credit per employee					<b>\$</b> 750 00
11 Amount of EDZ wage tax credit (multi	ply line 9 by line 10)			1	

#### Part III - Computation of EDZ wage tax credit for the current year

### Additional Information for Schedule B — Names of employees used to compute EDZ wage tax credit for the current tax year

### Part IV - List below each employee used to compute the EDZ wage tax credit on line 8

Employees' names and social security numbers

Attach additional sheets if necessary

### Part ${\rm V}$ - List below each employee used to compute the EDZ wage tax credit on line 11

Employees' names and social security numbers

## Schedule C – Computation of the EDZ Wage Tax Credit Allowed for the Current Tax Year

Par	t I - Computation of available EDZ wage tax credit		
13	EDZ wage tax credit carryforward from preceding tax year	13	•
14	EDZ wage tax credit computed for the current tax year		•
15	EDZ wage tax credit available for current tax year (add lines 13 and 14)	15	
Par	t II - Computation of EDZ wage tax credit limitation		
16	Current year's tax (see instructions)	16	•
17	50% limitation (multiply line 16 by 50% (.50); see instructions)	17	•
18	Tax limitation - enter appropriate tax		
	Article 9-A - enter the tax on minimum taxable income or fixed dollar minimum tax <i>(whichever is larger)</i> Article 22 - enter "0"		
	Article 32 - enter the fixed minimum tax of \$250		
	Article 33 - enter \$250	18	•
19	EDZ wage tax credit limitation (subtract line 18 from line 16)	19	•
20	EDZ wage tax credit limitation for current tax year (enter line 17 or line 19 amount, whichever is less; Article 22 taxpayers must enter the amount on line 17)	20	•
Par	t III - Computation of EDZ wage tax credit allowed for current tax year		
21	EDZ wage tax credit allowed in current tax year (enter line 15 or line 20 amount, whichever is less)	21	•
Par	t IV - Computation of EDZ wage tax credit carryforward		
22	EDZ wage tax credit available as carryforward (subtract line 21 from line 15)	22	•
Sc	hedule D – Computation of Refundable EDZ Wage Tax Credit		

23	Enter EDZ wage tax credit computed for current tax year from line 14	23	•
	Enter EDZ wage tax credit allowed for current tax year from line 21		
25	EDZ wage tax credit available for refund (subtract line 24 from line 23)	25	•
26	Refund percentage (see instructions).	26	• %
	Refundable EDZ wage tax credit (multiply line 25 by line 26; see instructions)		•
28	EDZ wage tax credit available as a carryforward after refundable wage tax credit (subtract line 27 from line 22)	28	•

# **Need Help?**

For information, forms or publications, call the Business Tax Information Center at 1 800 972-1233. For information, you can also call toll free 1 800 225-5829. For forms or publications, call toll free 1 800 462-8100.

Telephone assistance is available from 8:30 a.m. to 4:25 p.m., Monday through Friday.

From areas outside the U.S. and Canada, call (518) 485-6800.

**Hotline for the Hearing and Speech Impaired -** If you have a hearing or speech impairment and have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Hours of operation are from 8:30 a.m. to 4:15 p.m., Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

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

**If you need to write,** address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.