Tax Law - Section 606(j) and 606(j-1)

| beginning ending |
| :---: |
|  |  |

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

Schedule A - You must meet the eligibility requirement in Part I below before computing the EZ investment tax credit for the current year in Part II.

Part I — Eligibility requirement Computation of average number of administrative and support employees in New York State for the current tax year and 36-month test period (see Form IT-605-I, Instructions for Form IT-605).

| Current tax year |  | March 31 | June 30 | September 30 | December 31 | Total |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Number of administrative and support employees in New York State |  |  |  |  |  |  |  |
| Average number of administrative and support employees in New York State for current taxable year (divide amount in Total box above by 4) |  |  |  |  |  |  | 1 |  |
|  | Number of administrative and support employees in New York State during 36-month test period | March 31 | June 30 | September 30 | December 31 | Total |  |  |
| A. First year |  |  |  |  |  |  |  |  |
| B. Second year |  |  |  |  |  |  |  |  |
| C. Third year |  |  |  |  |  |  |  |  |
| D. Total number of administrative and support employees in New York State for 36-month test period (add total column lines $A, B$, and $C$ ) |  |  |  |  |  |  |  |  |
| 2 Average number of administrative and support employees in New York State for 36-month test period (divide line D above by 12) <br> 3 Percentage of employment for administrative and support employees in New York State (divide line 1 by line 2) $\qquad$ |  |  |  |  |  |  | 2 |  |
|  |  |  |  |  |  |  | 3 | \% |

If your percentage of employment for administrative and support employees in New York State does not equal or exceed 95\%, do not complete Schedule A, Part II; you do not qualify for the EZ investment tax credit. (Schedules B through H should be completed, if applicable.) If your percentage of employment qualifies, continue with Schedule A, Part II.

## Part II - EZ investment tax credit

Property located in EZ on which EZ investment tax credit is claimed

| (a) <br> Itemized description of property | (b) <br> Principal use | (c) <br> Date acquired | (d) <br> Life (years) | (e) <br> Cost or other basis |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
|  |  |  |  |  |

## Transfer total as follows:

Fiduciary - include the line 4 amount in the Total line of Schedule E, column C;
All others - enter the line 4 amount on line 15.

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## Schedule B - EZ employment incentive credit

Part I — Employment information required to determine eligibility for EZ employment incentive credit

|  | A | B | C | D | E | F | G | H |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| A Information in conjunction with Schedule B, Part II, line A | Year | March 31 | June 30 | September 30 | December 31 | $\begin{gathered} \text { Total } \\ (B+C+D+E) \end{gathered}$ | Average (see instructions) | Percent * |
| Number of employees in EZ for period covered by this claim |  |  |  |  |  |  |  |  |
| Number of employees in EZ for employment base year |  |  |  |  |  |  |  |  |
| $B$ Information in conjunction with Schedule B, Part II, line B | Year | March 31 | June 30 | September 30 | December 31 | $\begin{gathered} \text { Total } \\ (B+C+D+E) \end{gathered}$ | Average (see instructions) | Percent * |
| Number of employees in EZ for period covered by this claim |  |  |  |  |  |  |  |  |
| Number of employees in EZ for employment base year |  |  |  |  |  |  |  |  |
| C Information in conjunction with Schedule B, Part II, line C | Year | March 31 | June 30 | September 30 | December 31 | $\begin{gathered} \text { Total } \\ (B+C+D+E) \end{gathered}$ | 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 covered by this claim by the average number of employees in base year (column G ).


## Part II - Computation of EZ employment incentive credit

|  | (a) Tax year in which EZ investment tax credit was allowed | (b) <br> Amount of original EZ investment tax credit |  | (c) <br> EZ employment incentive credit (multiply column (b) by 30\% (.30)) |
| :---: | :---: | :---: | :---: | :---: |
| A |  |  |  |  |
| B |  |  |  |  |
| C |  |  |  |  |
| 5 Total - Enter column (c) total here |  |  | 5 |  |

Transfer total as follows:
Fiduciary - include the line 5 amount in the Total line of Schedule E, column C;
All others - enter the line 5 amount on line 16.

## Schedule C - Partnership, S corporation, and estate and trust information

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 investment tax credit or employment incentive credit from that entity, complete the following information for each partnership,
S corporation, or estate or trust. You must also complete Schedule D and Schedule G and, if applicable, Schedule E, Schedule F, and Schedule H.

| Name | Type * | Employer identification number (EIN) |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Enter $\mathbf{P}$ for partnership, S for an S corporation, or ET for an estate or trust.

## Schedule D - Partner's, shareholder's, or beneficiary's share of credit



## Schedule E - Beneficiary's and fiduciary's share of credit

| A <br> Beneficiary's name (same as on <br> Form IT-205, Schedule C)$\quad$B <br> Identifying number | C <br> Share of <br> investment tax <br> eredit and <br> employment <br> incentive credit | D <br> Share of <br> reapture of |  |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
| Fiduciary |  |  |  |



14 Add lines 10 through 13. Enter total here ...................................................................................................... 14

## Transfer total as follows:

Fiduciary - include the line 14 amount in the Total line of Schedule E, column D;
All others - enter the line 14 amount on line 22.



