	2004	New York State Department of Taxation and Claim for Low-Incom Housing Credit	
	Name(s) as shown on re	eturn	Identifying number as shown on return
	 Building owners m 	your New York State franchise tax return or income ta nust complete Part I, lines 1 through 9, and also Part k S corporation shareholders, beneficiaries, and cor	s II, III, or IV, whichever apply.
 Eligible 3a Qualifie 3b Has th 	e basis of building(s) <i>(tota</i> ed basis of low-income b	iched I from attached Form(s) DTF-625-ATT, line 1) uilding(s) (total from attached Forms DTF-625-ATT, line 3, he qualified basis of any buildings since the close of Yes No	2.)

If <i>Yes</i> , enter	the building identificatio	on number (BIN) of the bu	illding(s) that had a	
decreased b	asis. If you need more s	space, attach a schedule		
(1)	(2)	(3)	(4)	

4	Current year credit (total from attached Form(s) DTF-625-ATT; see instructions)		4.	
5	Carryover of credit (see instructions)		5.	
6	Low-income housing credit from partnerships, New York S corporations, estates, and trusts (from Part V) •	▶	6.	
7	Add lines 4, 5, and 6		7.	
8	Fiduciary: Enter credit allocated to beneficiaries (from Part III)		8.	
9	Total current year credit (subtract line 8 from line 7)	9).	•

Part II — Computation of credit (Completed by Article 9-A, 32, and 33 corporations, including corporate partners, but not by New York S corporations)

10	Total credit available for the current tax year (enter amount from line 9)	10.
11	Total recapture (enter amount from all Forms DTF-626, line 14)	11.
12	Total credit available for the current tax year after recapture (see instructions)	12.
13	Tax before credits (see instructions)	13.
	Enter other credits used (see instructions)	
15	Net tax (subtract line 14 from line 13)	15.
16	Tax limitation (enter appropriate tax):	
	Article 9-A: enter the larger of the tax on minimum taxable income base or fixed dollar minimum tax	
	Article 32: enter minimum of \$250	
	Article 33: enter minimum of \$250 (combined filers see instructions)	16.
17	Tax credit limitation (subtract line 16 from line 15; if line 16 is greater than line 15, enter 0)	17.

Part III — Beneficiary's and fiduciary's share of credit (attach additional sheets if necessary)

Beneficiary's name (same as on Form IT-205, Schedule C)	Identifying number	BIN of building	Share of credit			
Total						
Fiduciary						

Part IV — Partner's and shareholder's share of credit attributable to multiple buildings

(attach additional sheets if necessary)

A Partner's or shareholder's name	B Identifying number	C BIN of building	D Share of Iow-income housing credit

Part V — Partnership, New York S corporation, and estate and trust information (attach additional sheets if necessary)

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 low-income housing credit from a pass-through entity, complete the following information for each partnership, New York S corporation, or estate or trust.

A Name of entity	B Type⁺	C Employer ID number	D BIN of building	E Share of low-income housing credit
Total (add amounts in column E; enter here and on li	ne 6)			

*Enter **P** for partnership, **S** for a New York S corporation, or **ET** for an estate or trust.

Need help? Hotline for the hearing and speech impaired: Internet access: www.nystax.gov anana. If you have access to a telecommunications (for information, forms, and publications) device for the deaf (TDD), contact us at 1 800 634-2110. If you do not own a TDD, check with Fax-on-demand forms: Forms are independent living centers or community action available 24 hours a day, programs to find out where machines are 1 800 748-3676 available for public use. 7 days a week. Telephone assistance is available from 8:00 A.M. to Persons with disabilities: In compliance with the 5:00 P.M. (eastern time), Monday through Friday. Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and To order forms and publications: 1 800 462-8100 other facilities are accessible to persons with Business Tax Information Center: 1 800 972-1233 disabilities. If you have questions about special accommodations for persons with disabilities, Personal Income Tax Information Center:1 800 225-5829 please call 1 800 972-1233. From areas outside the U.S. and outside Canada: (518) 485-6800

752494 46902040094 This is a scannable form; please file this original with the Tax Department. DTF-624 2004