

New York State Department of Taxation and Finance

**Claim for Environmental Remediation Insurance Credit** 

Tax Law - Sections 23 and 606(ff)

	2005 calendar	-year filers, r	nark an X in t	the box:
	Other filers enter tax p	eriod:		
	beginning	and	ending	
File	e this claim with your personal income tax return, Form IT-201, IT-203, IT-204, or IT-205.		·	
Na	me(s) as shown on return	Identifying	number as sho	wn on return
Ad	dress of qualified brownfield site	1		
۸	Enter the date of execution of the Brownfield Cleanup Agreement (BCA) for the property for			
A		٨		
Р	which you are claiming the credit		L	
в	Enter the date the <i>Certificate of Completion</i> (CoC) was issued by the Department of Environme			
	Conservation (DEC) for the qualified site. Attach a copy of the certificate to this form, as we			
	copy of the certification form for the environmental remediation insurance tax credit complete			
	the insurer	B		
_				
20	hedule $\Delta$ — Individuals (including sole proprietors) partnerships and fiduciaries			

	including sole proprietors), participings, and inductances				
1	Qualified environmental remediation insurance premiums paid (see instructions)	1.	•	,	
2	Multiply line 1 by 50% (.50)	2.	•	,	
3	Enter the lesser of line 2 or \$30,000	3.	•		

Individuals and partnerships — Enter the line 3 amount on line 8.

Fiduciaries — Include the line 3 amount in the *Total* line of Schedule D, column C.

## Schedule B — Partnership, S corporation, 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 environmental remediation insurance credit from that entity, complete the following information for each partnership, New York S corporation, estate, or trust. For *Type*, enter *P* for partnership, *S* for S corporation, or *ET* for estate or trust. You must also complete Schedule C, Schedule E, and, if applicable, Schedule D.

Name	Туре	Employer ID number

Schedule C —	Pa	rtner's, shareholder's, or beneficiary's share of credit		
Partner	4	Enter your share of the credit from your partnership (see instructions)	4.	].
S corporation shareholder	5	Enter your share of the credit from your S corporation (see instructions)	5.	•
Beneficiary	6	Enter your share of the credit from the <b>fiduciary's</b> Form IT-613, Schedule D, column C.	6.	]
	7	Total (add lines 4, 5, and 6)	7.	

**Fiduciaries** — Include the line 7 amount in the *Total* line of Schedule D, column C. **All others** — Enter the line 7 amount on line 9.

(continued on back)

IT-613



A	В	С	D
Beneficiary's name (same as on	Identifying number	Share of environmental	
Form IT-205, Schedule C)		remediation insurance credit	Share of recapture of cred
Total (for column C, enter the line 3 amount plus the line 7 amount)			
Fiduciary			

## Schedule E — Computation of credit

Individuals and partnerships	8	Enter the amount from line 3	8.	
Partners, S corporation				
shareholders, beneficiaries	9	Enter the amount from line 7	9.	
Fiduciaries	10	Enter the amount from Schedule D, column C, Fiduciary line	10.	
	11	Total environmental remediation insurance credit		
		(add lines 8, 9, and 10)	11.	

Individuals — Enter the line 11 amount and code *173* on Form IT-201-ATT, line 12, or Form IT-203-ATT, line 12. Partnerships — Enter the line 11 amount on Form IT-204, line 32. Fiduciaries — Include the line 11 amount on Form IT-205, line 33.

## Schedule F — Summary of recapture of environmental remediation insurance credit

	12	Recaptured environmental remediation insurance credit (see instructions)	12.			
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Fiduciaries — Enter the line 12 amount on the Total line of Schedule D,

column D and continue with line 13. **All others** — Continue with line 13.

13	Partners in a partnership, shareholders of an S corporation, or beneficiaries of an estate or trust:			
	Enter your share of recapture of the environmental remediation insurance credit (see instructions)	13.	•	
14	Fiduciaries: enter amount from Schedule D, column D, Fiduciary line	14.	•	
15	Recapture amount (add lines 12, 13, and 14)	15.	•	

Individuals — Enter the line 15 amount and code **173** on Form IT-201-ATT, line 20, or Form IT-203-ATT, line 19. **Partnerships** — See instructions.

Fiduciaries — Include the line 15 amount on Form IT-205, line 12.

