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

EIN of QEZE

Mark an *X* in the box if you are a Clean Energy Enterprise (CEE) *(see 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 empire zone (EZ) and that is subject to a brownfield site cleanup agreement executed prior to January 1, 2006. .... ☐

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 *(attach a copy of your Certificate of Eligibility)*.... [   ]

Schedule A — Employment test for QEZEs first certified prior to April 1, 2005

Part 1 — Empire zone (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.

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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						

4 Current tax year employment number inside NYS and outside all EZs *(do not round; see instructions)* .... **4.**

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						

5 Base period employment number inside NYS and outside all EZs *(do not round; see instructions)* .... **5.**

6 Does the amount on line 4 **equal** or **exceed** the amount on line 5? *(see instructions)* .... Yes ☐   No ☐
   If **No, stop;** 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.........................					

7 Test year employment number within the EZs in which you are certified *(see instructions)* .... **7.**

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

8 Current tax year employment number within the EZs in which you are certified *(see instructions)* .... **8.**
9 Test year employment number within the EZs in which you are certified *(from line 7)* .... **9.**
10 Subtract line 9 from line 8 .... **10.**
11 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)* .... **11.** ____ . ____
12 Divide line 10 by 100 *(round the result to the fourth decimal place)* .... **12.** ____ . ____
13 Employment increase factor *(enter the greater of line 11 or 12, but not more than 1.0)* .... **13.** ____ . ____
   Partnerships — Enter the line 13 amount on Form IT-204, line 134.
   All others — Enter the line 13 amount on line 26.

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

		A — EZ		**B — New York State**	
14	Average value of property *(see instructions)*	**14.**	.	**14.**	.
15	EZ property factor *(divide line 14, column A, by line 14, column B; round the result to the fourth decimal place)*			**15.**	.
16	Wages and other compensation of employees *(except general executive officers)*	**16.**	.	**16.**	.
17	EZ payroll factor *(divide line 16, column A, by line 16, column B; round the result to the fourth decimal place)*			**17.**	.
18	Total EZ factors *(add lines 15 and 17)*			**18.**	.
19	Zone allocation factor *(divide line 18 by two; round the result to the fourth decimal place)*			**19.**	.

    Partnerships — Enter the line 19 amount on Form IT-204, line 135 and enter the benefit period factor from the *Benefit period factor table* below on Form IT-204, line 136.

    All others — Enter the line 19 amount on line 27.

Schedule E — Tax factor

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

Schedule F — QEZE tax reduction credit

25	Tax year of the business benefit period [ ] ; benefit period factor *(from table below)*	**25.**	.
26	Employment increase factor *(from line 13)*	**26.**	.
27	Zone allocation factor *(from line 19)*	**27.**	.
28	Tax factor *(from line 24)*	**28.**	.
29	Multiply line 25 × line 26 × line 27 × line 28	**29.**	.
30	Beneficiaries of estates or trusts share *(see instructions)*	**30.**	.
31	QEZE tax reduction credit *(add lines 29 and 30)*	**31.**	.

    Fiduciaries — Include the line 31 amount on the *Total* line of Schedule G, column C.

    Individuals — Enter the line 31 amount and code *164* on Form IT-201-ATT, line 2, or Form IT-203-ATT, line 3.

Benefit period factor table*	
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.

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Schedule G — Beneficiary's and fiduciary's share of credit

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	B Identifying number	C Share of QEZE tax reduction credit
Total		.
		.
		.
Fiduciary		.

Schedule H — Related entities

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

Name	Employer identification number

Schedule I — Valid business purpose for QEZEs 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 attach a
   notarized statement describing in detail how your QEZE meets the valid business purpose test .... ☐

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Claim for QEZE Tax Reduction Credit

Section 2 — For QEZEs 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	EIN of QEZE

Date *(mm-dd-yyyy)* of first certification by Empire State Development *(attach a copy of your* Certificate of Eligibility*)*.... [   ]

Schedule J — Employment test for QEZEs first certified on or after April 1, 2005

Part 1 — Empire zone (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					

32 Current tax year employment number within all EZs *(do not round; see instructions)* .... **32.** [   ]

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.................................						

33 Base period employment number within all EZs *(do not round; see instructions)* .... **33.** [   ]

34 Does the amount on line 32 **exceed** line 33? *(see instructions)* ....   Yes [ ]   No [ ]

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

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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						

35 Current tax year employment number in New York State *(do not round)*... **35.**

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...........................						

36 Base period employment number in New York State *(do not round)* .... **36.**

37 Does the amount on line 35 **exceed** the amount on line 36? *(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...........................						

38 Test year employment number within the EZs in which you are certified *(see instructions)* .... **38.**

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

39 Current year employment number within the EZs in which you are certified *(see instructions)* .... **39.**
40 Test year employment number within the EZs in which you are certified *(from line 38)* .... **40.**
41 Subtract line 40 from line 39 .... **41.**
42 Divide line 41 by line 40 *(round the result to the fourth decimal place;*
   if line 40 is zero and line 39 is greater than zero, enter 1 here) .... **42.** ___ . ___
43 Divide line 41 by 100 *(round the result to the fourth decimal place)* .... **43.** ___ . ___
44 Employment increase factor *(enter the greater of line 42 or 43, but not more than 1.0)* .... **44.** ___ . ___
   Partnerships — Enter the line 44 amount on Form IT-204, line 134.
   All others — Enter the line 44 amount on line 57.

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

		A — EZ	**B** — New York State
45	Average value of property *(see instructions)*	45. ___ . ___	45. ___ . ___
46	EZ property factor *(divide line 45, column A, by line 45, column B; round the result to the fourth decimal place)*		46. ___ . ___
47	Wages and other compensation of employees *(except general executive officers)*	47. ___ . ___	47. ___ . ___
48	EZ payroll factor *(divide line 47, column A, by line 47, column B; round the result to the fourth decimal place)*		48. ___ . ___
49	Total EZ factors *(add lines 46 and 48)*		49. ___ . ___
50	Zone allocation factor *(divide line 49 by two; round the result to the fourth decimal place)*		50. ___ . ___

Partnerships — Enter the line 50 amount on Form IT-204, line 135 and enter a benefit period factor of *1.0* on Form IT-204, line 136.

All others — Enter the line 50 amount on line 58.

Schedule N — Tax factor

51	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)	51. ___ . ___
52	Enter the amount of your income from the QEZE allocated within NYS *(see instructions)*	52. ___ . ___
53	New York adjusted gross income *(see instructions)*	53. ___ . ___
54	Divide line 52 by line 53 *(the result cannot exceed one; round the result to the fourth decimal place)*	54. ___ . ___
55	Multiply line 51 by line 54; this is your tax factor *(enter here and on line 59)*	55. ___ . ___

Schedule O — QEZE tax reduction credit

56	Tax year of the business benefit period _____ ; benefit period factor	56. **1** . **0**
57	Employment increase factor *(from line 44)*	57. ___ . ___
58	Zone allocation factor *(from line 50)*	58. ___ . ___
59	Tax factor *(from line 55)*	59. ___ . ___
60	Multiply line 56 × line 57 × line 58 × line 59	60. ___ . ___
61	Beneficiaries of estates or trusts share *(see instructions)*	61. ___ . ___
62	QEZE tax reduction credit *(add lines 60 and 61)*	62. ___ . ___

Fiduciaries — Include the line 62 amount on the *Total* line of Schedule P, column C.

Individuals — Enter the line 62 amount and code *164* on Form IT-201-ATT, line 2, or Form IT-203-ATT, line 3.

Schedule P — Beneficiary's and fiduciary's share of credit

A Beneficiary's name *(same as on Form IT-205, Schedule C)*	**B** Identifying number	**C** Share of QEZE tax reduction credit
Total		___ . ___
	___	___ . ___
	___	___ . ___
Fiduciary	___	___ . ___

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Schedule Q — Related entities

List the names and employer identification numbers of any related business entities. Attach additional sheets if necessary. Use the definition of related persons in the instructions to determine if an entity is related.

Name	Employer identification number

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