

New York State Department of Taxation and Finance

## **Election or Termination of Election to Deem Income** for Purposes of the Farmers' School Tax Credit

Employer identification number				Telephone number		For office use only		
				( )		_		
	egal name o	f corporation			Data manifest			
, F	NRA or trado	namo (if any)				Date received		
address	DBA or trade name (if any)							
형	Mailing name	(if different from legal name)				1		
	C/O							
	Number and street or PO box					1		
Ma								
C	City			State Z	State ZIP code			
1 Mark an <b>X</b> in the appropriate box:								
Е						election due t orporation elig	io gibility (complete line 4)	
<b>2</b> D	Due date, disregarding any extension, of the corporation's tax return for the year in which the election is to be effective							
3 E	Ending date for tax year for which this election is to be effective							
<b>4</b> D	Date of cessation							
agree to make the election, then all shareholders, other than New York C corporations, must take into account their pro rata shares of the corporation's income and principal payment on farm indebtedness as required in Tax Law section 606(n)(9). Such election is terminated if shareholders holding more than one-half, by vote and value, of the shares of stock of the corporation agree to such termination.  See instructions if a continuation sheet or a separate consent statement is needed.								
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	Name and address of each shareholder agreeing to election or termination (include ZIP code)			or employer To be		Shareholder's signature (see instructions) e valid, all shareholders agreeing on election nination must signify consent by signing below.		
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<b>Certification:</b> I certify that this election or termination and any attachments are to the best of my knowledge and belief true, correct, and complete.								
۸	Signature of authorized person			Official title				
	person E-mail address of authorized person		า				Date	
_	Firm	Firm's name (or yours if self-employed)  Telephon			Telephone number	number ID number		
	aid parer Sigr	Signature of individual preparing this election Address			( )	City	State ZIP code	
u	se							
0	nly   E-m	ail address of individual preparing this election					Date	