

Claim for Historic Barn Rehabilitation Credit And Employment Incentive Credit

☐ Identifying number as shown on return

IT-212-ATT

| Na | me(s) as shown on return | | | | Identifying n | umber as shown o | n return | | |
|-----|---|-------------------------------------|--|--|-----------------|---|-----------|--|--|
| | e this form to claim an investment cred toric barn, or to claim the employment | | | | | | | | |
| S | chedule A — Historic barn r | ehabilitatio | on credit | | | | | | |
| Pa | rt 1 — Eligibility criteria for claiming | this credit (see | e instructions, | Form IT-212-ATT-I, for assi | stance) | | | | |
| | omplete questions 1 through 10 to determ e Yes box on line 1 or 6, or the No box on | | | | in | | | | |
| 1 | Has the barn been converted to residen | tial use? <i>(If you n</i> | nark Yes, stop ; y | ou cannot claim this credit.) | | Yes | No | | |
| 2 | Is the barn listed in the National Register If Yes, the barn's rehabilitation must be Office of Parks, Recreation and Historic | Yes | No | | | | | | |
| 3 | If you answered No to question 2, is the | barn located in a | a registered his | storic district? | | Yes | No | | |
| 4 | If you answered Yes to question 3, is the barn of historic significance to the district? | | | | | | | | |
| 5 | If you answered <i>No</i> to questions 2 and 3, was the barn originally designed and used for storing farm equipment or agricultural products or for housing livestock, and was the barn first placed into service before 1936? | | | | | | | | |
| 6 | Has the historic appearance of the barn If <i>No</i> , attach a copy of the letter from t stating that the historic appearance of | he New York Sta | ate Office of Pa | rks, Recreation and Histori | c Preservation | Yes | No | | |
| 7 | Describe the measurement period used (see instructions) | to determine wh | nether the barn | has been substantially reh | abilitated. | | | | |
| 8 | What is the adjusted basis of the barn a | s of the first day | of the measure | ement period? | 8. | | • | | |
| 9 | Do the expenditures incurred during the of the amount shown in question 8 or | measurement p \$5,000? (If you m | eriod to rehabi hark No, stop ; yo | litate the barn exceed the hour cannot claim this credit.) | nigher | Yes | No | | |
| | Did you use the straight-line method of or or section 168(g) of the Internal Rever (If you mark No, stop ; you cannot claim th | nue Code (IRC), is credit.) | whichever is a | riod specified in either sect pplicable to you? | tion 168(c) | Yes | No | | |
| | rt 2 — Investments in qualified rehal | | | | | | | | |
| Da | te rehabilitation work was begun (mm-dd-yyy | y) | 1 | Date rehabilitation work was | completed (mm-o | dd-yyyy) | | | |
| | A Description of rehabilitation expenditures (attach additional sheets if necessary) | B Date of expenditure(s) | C Property's usef life (years) | ul D Amount of expenditures | | E Rehabilitation cre (column D × 25%) | | | |
| | | | | | | | | | |
| 11 | Add column E amounts (enter here and or | Form IT-212 line | 23) | | 11. | | | | |
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| | | | | | | (continue | d on back | | |



Please file this original scannable credit form with the Tax Department.

| expenditures (attach additional sheetsacquiredproperty ceased touseful lifelife (months) $(E \div D)$ credit allowed for rehabilitation of aor disp | k of gradit | | G | F | E | D | C | В | Α |
|--|-------------------|--|--|---|------|-------------|--------------------|---|---------------------------|
| | early ositions | Addback of crea on early dispositions (F × G) | credit allowed for rehabilitation of a | | life | useful life | property ceased to | | (attach additional sheets |
| | | | | | | | | | |
| | | | | | | | | | |

Schedule B — Employment incentive credit

Part 1 — Eligibility for employment incentive credit

| А | В | С | D | E | F | G | H* |
|--|---------|---------|----------|---------|--------------------------|-------------------------|-----------|
| Year | Mar. 31 | June 30 | Sept. 30 | Dec. 31 | Total (B + C + D + E) | Average (see instr.) | Percent % |
| A. Use with Part 2, line 17; first succeeding tax year | | | | | | | |
| 13 Number of New York State employees in employment base year | | | | | | | |
| 14 Number of New York State employees in credit year | | | | | | | |
| B. Use with Part 2, line 18; second succeeding tax year | | | | | | | |
| 15 Number of New York State employees in employment base year | | | | | | | |
| 16 Number of New York State employees in credit year | | | | | | | |

* Divide the average number of employees covered by this claim by the average number of employees in base year (column G). Round the result to two decimal places. If the percentage in column H is less than 101% (1.01), **stop**; you do not qualify for the employment incentive credit.

Part 2 — Computation of employment incentive credit

| r art 2 — computation of employment incentive creat | | | | | | |
|--|--|--|-----|--|--|--|
| | A Tax year in which investment tax credit was allowed | B Amount of investment credit base upon which original investment tax credit was allowed (exclude research and development (R&J property at optional rate) | D) | C Employment incentive credit (multiply column B by the appropriate rate from Tax rate schedule below) | | |
| 17 Information for first succeeding tax year; use line 14, column H, to determine rate | | | | | | |
| 18 Information for second succeeding tax year; use line 16, column H, to determine rate | | | | | | |
| 19 Add column C amounts from lines 17 and 18 | (enter here and on Form IT- | 212, line 24) | 19. | • | | |

Tax rate schedule — Employment incentive credit rates to be used in Part 2 above

| If the percentage in Part 1, | column H is at least: | The employment incentive credit rate is: |
|------------------------------|-----------------------|--|
| | | |
| | | |
| 103 /0 | | 2/2/0 (.025) OF INVESTIGENT CIECUL DASE |



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