

CT-613

New York State Department of Taxation and Finance Claim for Environmental Remediation **Insurance Credit**

Tax Law - Sections 23, 187, 210.35, 1456(s), and 1511(w)

		All filers must enter tax period:					
			beginning		ending		
Le	gal name of corporation filing franchise tax return			Employer ide	entification i	number (EIN)	
File	e this form with your franchise tax return.						
	ter the date of execution of the Brownfield Clean ich you are claiming this credit				•		
Ent Env	bwnfield site identifying information ter the following information as listed on the Cert vironmental Conservation (DEC) for the qualified the certification form for the environmental remedename	site (see ins	structions). Attac	h a copy of	the COC	Also attach	a copy
Sit	e location – municipality	S	ite location – county				
DE	C region Div	vision of Enviro	onmental Remediation	n (DER) site nur	nber Dat	e COC was issu	ed
2 3	Qualified environmental remediation insurance premit Multiply line 1 by 50% (.5)				. 2.		
	Subtotal (add lines 3 and 4; New York S corporations, see it						
	Recapture of credit (see instructions)						
	Total environmental remediation insurance credit avail mputation of environmental remediation insurance				• 7.		
	Tax due before credits (see instructions)				. 8.		
	Enter other credits claimed before the environmental re-						
10	Net tax (subtract line 9 from line 8)				. 10.		
	Minimum tax (see instructions)						
	Credit limitation (subtract line 11 from line 10; if line 11 is g						
	mputation of environmental remediation insu xt tax year	rance cred	it used, refunde	d, or credite	ed as an	overpaymen	it in the
	Environmental remediation insurance credit to be use	ed for the cur	rent tax year <i>(enter</i>	the lesser of			
	line 7 or line 12; transfer the result to your franchise tax re-				• 13.		
14	Environmental remediation insurance credit available for refund or as an overpayment (sur						
	line 13 from line 7)				• 14.		
	Environmental remediation insurance credit to be refu	•		•	• 15.		
16	Environmental remediation insurance credit to be cred		. ,	•			
	(subtract line 15 from line 14)				• 16.		

Partnership information (see instructions for line 4)

Name of partnership	Partnership's EIN	Amount of credit
	•	
	•	
	•	
	•	
	•	
	•	
	•	
Total from attached sheet(s) if any		