

New York State Department of Taxation and Finance

IT-239

Claim for Credit for Taxicabs and Livery Service Vehicles Accessible to Persons with Disabilities

Tax Law - Article 22, Section 606(oo)

lax Law — Article 22, Section 606(00)						Fiscal-year filers enter tax period:					
						beginning		ending			
Name(s) as shown on your				Ide	ntifying number as shown on i	return					
Traine(s) as shown on your	roturri										
Attach this form to Form	IT-201 IT-203	IT-204 or IT-20:	5 (see	instructions F	orm IT-230)-l for assistant	 				
	· · · · · · · · · · · · · · · · · · ·						,				
Part 1 — Individual											
Schedule A — Purcha (attach additional sheet				rsons with	disabili	ti es – Use a	a separa	ate line for each vehicle	;		
(attacii additional sheet	B	c	>)	D		E		F			
Vehicle identification number (VIN) of vehicle accessible to persons with disabilities	Date incremental costs incurred (mm-dd-yyyy)	Total purchase pr vehicle accessib persons with disal	le to	Purchase pric	Purchase price of same lake and model vehicle (see instructions)		l cost olumn D)	Enter the lesser of column E or 10,000			
1 Total of column F am				-							
2 Total of all column F	amounts (includ	le any amount on	line 1))			2.	•			
Schedule B - Conve	rsion of exist	ina motor ve	hicle	- Use a se	parate li	ne for each	vehicle				
(attach additional sheet		-			•						
VIN of year	A nicle accessible to		Date	B e incremental	I.	C ncremental cost		D Enter the lesser of			
	with disabilities		со	sts incurred mm-dd-yyyy)	II	icremental cost		column C or 10,000			
3 Total of Schedule B,	column D amo	unts from addit	ional :	sheet(s), if ar	ny		3.				
4 Total of all Schedule					-						
5 Add lines 2 and 4							5.	•			
Fiduciary: Include the All others: Enter the			ne of I	Part 4, colun	nn C						
Part 2 – Partnershi	in New Yorl	k S corporat	tion	estate a	nd trus	t informati	ion				
If you were a partner in a share of the credit for tax information for each partr or trust. You must also co	icabs and livery nership, S corpo	service vehicle oration, estate,	s acc or tru	essible to pe st. For <i>Type</i>	ersons wi	th disabilities	from tha	at entity, complete the follo	owing		
		Name				Тур	e	Employer identification num	ber		
Traine						.,,,,		, ,			
							$\exists \vdash$				
							$\dashv \vdash$				

Part 3 — Partner's, shareholder's, or beneficiary's share of credit

Partner	6	Enter your share of the credit from your partnership (see instructions)	6.		
S corporation					
shareholder	7	Enter your share of the credit from your S corporation (see instructions)	7.].[
	8	Enter your share of the credit from the fiduciary's Form IT-239, Part 4,		_	
Beneficiary		column C	8.].[
	9	Total (add lines 6, 7, and 8)	9.	1.[

Fiduciary: Include the line 9 amount on the Total line of Part 4, column C.

All others: Enter the line 9 amount on line 11.

Part 4 — Beneficiary's and fiduciary's share of credit (see instructions)

A	В	С
Beneficiary's name (same as on Form IT-205, Schedule C)	ldentifying number	Share of credit
Total (fiduciaries, enter the amount from line 5 plus the amount from line 9)		
Fiduciary		

Part 5 — Computation of credit for taxicabs and livery service vehicles accessible to persons with disabilities

Individual (including sole proprietor) and partnership	10	Enter the amount from line 5		•
Partner, S corporation	rtner, S corporation			
shareholder, and beneficiary	reholder, and beneficiary 11 Enter the amount from line 9		11.	
Fiduciary	12	Enter the amount from Part 4, Fiduciary line, column C	12.	
	13	Enter the carryover credit from your 2008 Form IT-239, line 17	13.	•
	14	Total credit (add lines 10 through 13)	14.	ь

Individual: Enter the line 14 amount and code 299 on Form IT-201-ATT, line 6,

or Form IT-203-ATT, line 7.

Partnership: Enter the line 14 amount and code 299 on Form IT-204, line 147.

Fiduciary: Include the line 14 amount on Form IT-205, line 10.

Part 6 — Application of credit and computation of carryover

(see the instructions to determine if you must complete this part)

15	Total credit (enter the amount from line 14)	15.	.[
16	Amount that you applied against your 2009 tax	16.	.[
17	Amount of credit available for carryover to 2010 (subtract line 16 from line 15)	17.	.[

